

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

36237

PLACE OF DEATH

County Lefayette
Township Wellington
City Wellington (No. 10)

Registration District No. 266
Primary Registration District No. 4279

File No. _____
Registered No. 18
St. _____ Ward _____

23 FULL NAME John E. Bryant
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Fannie Tucker Bryant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3-1863
7. AGE YEARS 69 MONTHS 10 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co Mo

MOTHER 13. NAME Wm. G. Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

15. MAIDEN NAME Sallie Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Laura M. Hackley

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington Mo DATE Nov 22 1932

19. UNDERTAKER (ADDRESS) James T. Hegarty

20. FILED Nov 21 1932 J. F. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 17th 1932 to Nov 20th 1932
I last saw him alive on Nov 20 1932 Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Prolapse 11/20/32
1180 14A
Other contributory causes of importance: Acute Flattened Jugular 11/20/32

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. F. Mann, M. D.
(Address) Wellington Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

