

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

Do not use this space.

9220

1. PLACE OF DEATH

County Greene Registration District No. 318
Township N-Campbell Primary Registration District No. 2001
City Springfield, Mo 715 Garfield St. _____ Ward _____

File No. _____
Registered No. 275
St. _____ Ward _____

2. FULL NAME

Daniel Bryant

(a) Residence, No. 715 Garfield 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
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) Ky.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Unknown

18. BURIAL, CREMATION, OR REMOVAL PLACE Highwood Cemetery DATE March 28, 1933

19. UNDERTAKER (ADDRESS) William J. O'Connell
Springfield, Mo.

20. FILED 3-28-1933 Ralph W. Kingston Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him alive on Mar 26, 1933 Death is said to have occurred on the date stated above, at 11:00 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____

arterio-sclerosis

Other contributory causes of importance: _____

Having died without Medical attendance.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 Arteriosclerosis

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Arteriosclerosis

(Address) Springfield, 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.

APR 27 1933

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