

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

Do not use this space.

18548

1. PLACE OF DEATH

County Registration District No. 832
 Township Primary Registration District No. 1000
 City St. Louis Mo. (No. City Hospital # 2) St. Ward)

File No.
 Registered No. 4828
 St. Ward)

2. FULL NAME

Tony O. Bryant
 (a) Residence, No. 1085 S. Wendover St. 28 Ward.

(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 Cole 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 8 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

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) Massouri

13. NAME James O. Bryant

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

15. MAIDEN NAME Archie Banks

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

17. INFORMANT (ADDRESS) A. L. Beal & Co. City Hospital # 2

18. BURIAL (CREMATION, OR REMOVAL) PLACE Greenwood DATE June 20 1933

19. UNDERTAKER (ADDRESS) A. L. Beal & Co. 2726 Joyce Ave.

20. FILED 7-7-33 Registrar. J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-25-33 to 5-30-33

I last saw him alive on 5-29-33 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

108 Date of onset

Lobar Pneumonia

Other contributory causes of importance: 108

Name of operation Date of 70

What test confirmed diagnosis? Ch. Lab. Was there an autopsy? No

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?.....

If so, specify..... (Signed) Indistinct M. D.

(Address) City Hospital # 2

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.

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

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