

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

Do not use this space.

32522

1. PLACE OF DEATH

24 County Clay Registration District No. 197
Township Salmon Primary Registration District No. 5276
City Randolph Mo. St. _____ Ward _____
now in Mo. R.S.

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 70 Kansas City Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
12 2 8

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

13. NAME Harnett Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heathery Mo.

15. MAIDEN NAME Mrs. Jeannes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo.

17. INFORMANT (ADDRESS) Mrs. Harnett Bryant Randolph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE Oct 31 1933

19. UNDERTAKER (ADDRESS) Morton & Co. North Kansas City Mo.

20. FILED Oct 31 1933 John Morton Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1933

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9:30 a. m.

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

by being struck by a Chicago Milwaukee Engine on C.M. & ST.P. Rail Road while he was riding a bicycle loaded on track & was struck - Accident

Other contributory causes of importance: _____

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? Accidental Date of injury 10/29, 1933

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) Estimate W. W. Young - Crook M. D.

(Address) Liberty, Clay County 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.

JAN 3 1934

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