

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

Do not use this space.

32555

1. PLACE OF DEATH

25th County Clinton Registration District No. 207
 4 Townshp. Primary Registration District No. 1125
 City Plattsburg Mo (No. _____) St. _____ Ward _____

File No. 20
 Registered No. 36

2. FULL NAME

Mary S. Bryan

(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 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John S. Bryan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 18 1876</u>		
7. AGE	YEARS	MONTHS
<u>47</u>	<u>1</u>	<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Horse raising</u>		11. Total time (years) spent in this occupation <u>13 1/2</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Horse raising</u>		
10. Date deceased last worked at this occupation (month and year)		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1933, to Oct 16, 1933
 I last saw him alive on Oct 16, 1933. Death is said to have occurred on the date stated above, at 11:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis withtherosclerosis
Myocarditis
 Date of onset 2 yrs

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Pleasant M. Carter</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ken</u>
	15. MAIDEN NAME _____
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ken</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Clara Struff</u> <u>Plattsburg Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plattsburg Mo</u> DATE <u>Oct 18</u> , 19 <u>33</u>	
19. UNDERTAKER (ADDRESS) <u>Spokane</u> <u>Plattsburg Mo</u>	
20. FILED <u>Oct 18</u> , 19 <u>33</u> <u>Geo. O. Keenan</u> Registrar.	

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 _____
 24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) P. M. Steckman, M. D.
 (Address) Plattsburg Mo

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.

MAY 19 1933

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