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

Do not use this space.

35423

File No.

Registered No. 88

1. PLACE OF DEATH

107 County Texas

Township Coss

City (No. , St. Ward)

Registration District No. 865

Primary Registration District No. 6143

2. FULL NAME Norma Jean 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
5		1	

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Chas. Bryan

14. BIRTHPLACE (CITY OR TOWN) Texas Co
(STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Ethel Todd

16. BIRTHPLACE (CITY OR TOWN) Texas Co
(STATE OR COUNTRY) Mo

17. INFORMANT Ethel Todd
(ADDRESS) Houston, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Solo Cemetery DATE ~~Oct~~ Oct 10, 1933

19. UNDERTAKER
(ADDRESS)

20. FILED ~~Oct~~ Oct 10, 1933 Myrtle Orr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933, to Oct 9, 1933

I last saw her alive on Oct 9th, 1933. Death is said to have occurred on the date stated above, at 1 P m.

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

	Date of onset
Diphtheria	

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? 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) W. H. Herron, M. D.

(Address) Houston, 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.

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

V. S. No. 2

FILED Oct 10, 1933