

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

Do not use this space.

40640

AN 26 1934
57

1. PLACE OF DEATH

County Lincoln
Township Monroe
City (No. _____) _____

Registration District No. _____
Primary Registration District No. 565224

File No. 227
Registered No. _____
St. _____ Ward _____

2. FULL NAME Eva Margaret Bryant

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1896

7. AGE YEARS 37 MONTHS _____ DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Monroe Illinois

13. NAME Leona Jackson

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

15. MAIDEN NAME Ellen Bailey

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

17. INFORMANT Herbert Bryant (ADDRESS) Winfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Ironburg Mo DATE Dec. 18, 1933

19. UNDERTAKER David L. Furbush (ADDRESS) Winfield, Missouri

20. FILED 12/14 1933 P.E. Weindler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1933 to 12-15, 1933
I last saw her alive on 12-15-33, 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of breasts

Date of onset _____

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) [Signature] M. D.
(Address) [Address]

N. E. - Every item of information should be carefully supplied. Age should be stated EXACTLY. If uncertain, approximate date.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

