

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County Demasott Registration District No. 1097
 Township Jedderiges Primary Registration District No. 5965
 City Marshall (No. _____ St. _____ Ward _____)

File No. 2102-3
 Registered No. _____

2. FULL NAME Mary Percella Bryant

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
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) Dec. 5 - 1930
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 1 22

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) (STATE OR COUNTRY) Marshall Mo

13. NAME Henry Bryant

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

15. MAIDEN NAME Alta Markham

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

17. INFORMANT (ADDRESS) Raymond Markham

18. BURIAL, CREMATION, OR REMOVAL PLACE Wards Cem DATE 1-28-1934

19. UNDERTAKER (ADDRESS) Green Undertaker Co. Coplan Bldg Co

20. FILED Apr 9 1934 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1934

22. I HEREBY CERTIFY That I attended deceased from _____
no 19____ to _____ 19____
 I last saw h. _____ alive on did not treat 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

from Impairment of measles followed with pneumonia
 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 _____

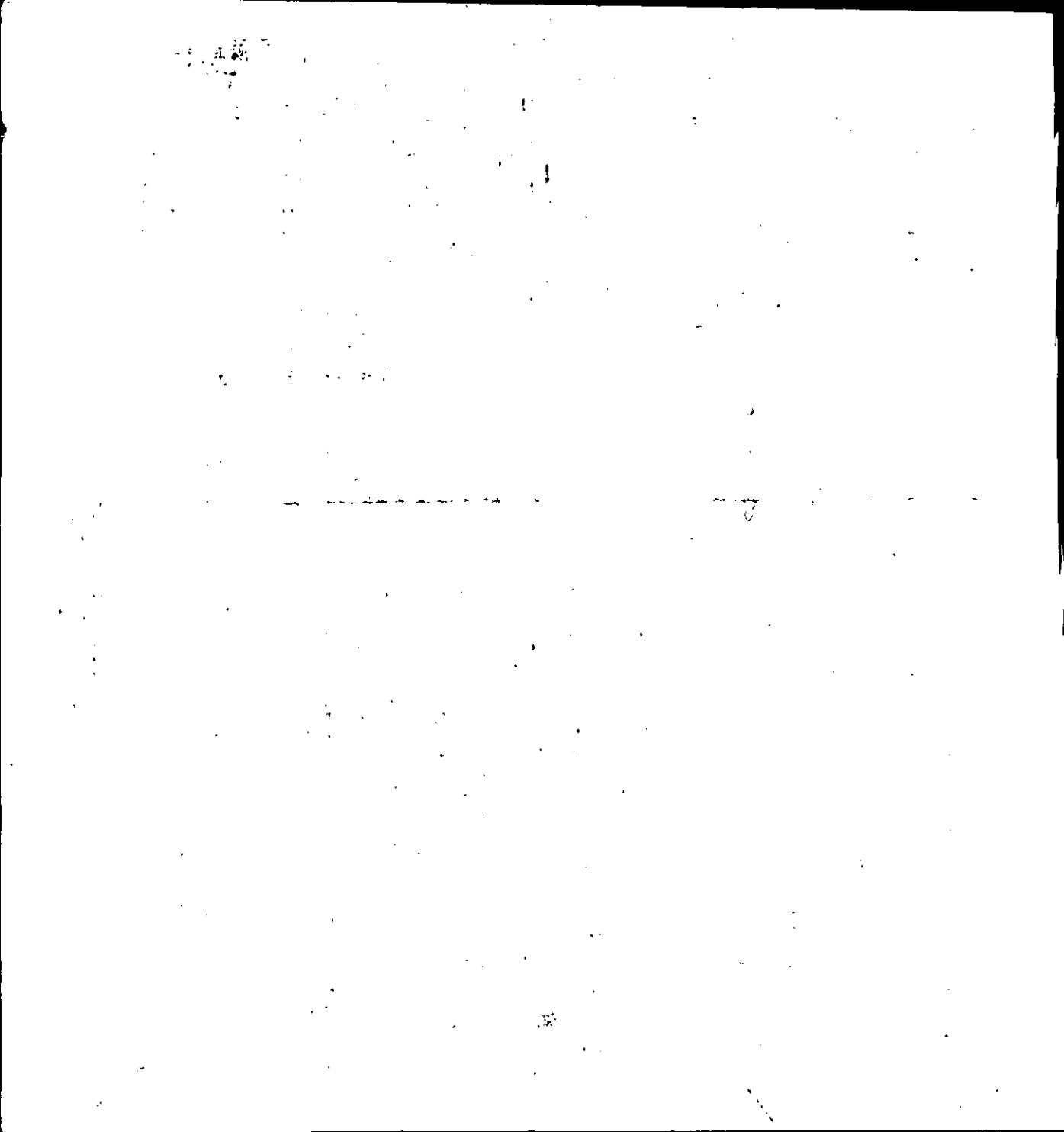
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?; _____

If so, specify _____

(Signed) H. H. Denton, M. D.

(Address) Marshall Mo



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pemissott
Township Little River
City..... (No.)..... (Ward)

Registration District No. 1099
Primary Registration District No. 5-868

File No.....
Registered No.....

2. FULL NAME

Mary Gertrude Bryant

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from no 1933, to no 1934
I last saw h..... alive on no did not attend Death is said to have occurred on the date stated above, at.....m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1920-12-17
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
3 1 22

The principal cause of death and related causes of importance were as follows:
Dis. from Measles.
Pneumonia

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.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell, Mo

13. NAME Jerry Bryant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell, Mo

15. MAIDEN NAME Alto Markens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Raymond Markens

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell DATE 1 28 1934

19. UNDERTAKER (ADDRESS) Brewer & Co. Poplar Bluff Mo

20. FILED H-9 19 54 J. H. Greasy 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?.....
If so, specify.....
(Signed) W. H. Denton, M. D.
(Address) Wardell, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. OCCUPATION IS VERY IMPORTANT.

Supplemental

S-2102-F