

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD--THIS IS A STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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.

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

Do not use this space.  
**7435**

**FEB 24 1934**

**1. PLACE OF DEATH**

County Scott Registration District No. 837  
Township Richland Primary Registration District No. 0070  
City (No. ....) St. .... Ward (No. ....)

File No. 28  
Registered No. ....

**2. FULL NAME**

Billy Joe 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 17-1933</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>6</u>
		DAYS
		<u>10</u>
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.		
<u>Child</u>		
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) <u>Camden, Mo.</u>		
13. NAME <u>Leon Bryant</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sikeston, Mo.</u>		
15. MAIDEN NAME <u>Mary Elizabeth Pratt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camden, Mo.</u>		
17. INFORMANT <u>Leon Bryant</u> (ADDRESS) <u>W. W. Miller, mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mc Miller, Mo.</u> DATE <u>Feb. 28</u> , 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>H. J. Uelsh</u>		
20. FILED <u>3/15/34</u> <u>W. W. Miller, Mo.</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1934, to Feb 27, 1934

I last saw him alive on Feb 24, 1934. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:  
Bruise on chest and absent ear  
107A  
89A

Other contributory causes of importance: SMO

Date of onset: .....

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 .....

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 a a myocardial  
(Signed) W. W. Miller, M. D.  
(Address) Sikeston Mo

