

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

*Dr. C. J. ...*  
Do not use this space.  
**8548**  
**59**  
File No. ....  
Registered No. ....

**1. PLACE OF DEATH**

County Spencer Registration District No. 318  
Township Springfield Primary Registration District No. 22019  
City Springfield (No. 1201 S. Stuart) St. Springfield Ward 1

**2. FULL NAME**

(a) Residence, No. 1201 S. Stuart St. Springfield Ward 1  
(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 Single (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
9 10 7

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

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) Springfield

13. NAME John H. Bryant

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

15. MAIDEN NAME Martha Fide

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

17. INFORMANT John Bryant  
(ADDRESS) 1201 S. Stuart

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 3/23/34

19. UNDERTAKER Thomas R. ...  
(ADDRESS) Springfield

20. FILED 3-5-34 19 34 Registrar ...

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1<sup>st</sup>, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934 to Mar 1<sup>st</sup>, 1934

I last saw him alive on Feb 27, 1934 Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Streptococcus Sore Throat  
11:30 A  
Date of onset

Other contributory causes of importance:  
Cerebral Failure

Name of operation None Date of ...  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None 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) E. Lloyd Garrison, M. D.  
(Address) 214 W. Jefferson

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

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.

