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

Do not use this space.

File No. 17934
Registered No. 127

1. PLACE OF DEATH

County Saint Louis — Registration District No. 785
Township Bonhomme — Primary Registration District No. 3037
City Kirkwood, (No. 622 East Argonne Drive, St. Ward)

2. FULL NAME Charles Bryant

(a) Residence, No. 622 East Argonne Drive Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1874 ?

7. AGE: About 60 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) December 1933
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkwood Missouri

FATHER
13. NAME George Bryant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Tennessee

MOTHER
15. MAIDEN NAME Ann Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Kentucky

17. INFORMANT (ADDRESS) Mrs Lillie Bryant 622 East Argonne Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE May 19, 1934.

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue.

20. FILED 5/19th 1934 Agnes C. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1934, to May 15th, 1934
I last saw him alive on May 15, 1934 Death is said to have occurred on the date stated above, at 10:35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1932?
131	
1205	
131	
Other contributory causes of importance: Chronic Colitis	Feb. 1934

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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? No
If so, specify .....
(Signed) D. S. Weth M.D., M. D.
(Address) 124 East Adams Street,

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.

JUN 26 1934