

OCT 22 1934

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

Do not use this space. ✓

33107

1. PLACE OF DEATH

48 County Jackson Registration District No. 400
Township Jessie Primary Registration District No. 5553B
City Little Blue Jackson County (Ward)

File No. _____

Registered No. 211

2. FULL NAME

John Bryant
(a) Residence No. 557 Lydig Ave 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 Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
abt. 748. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

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) Arkansas13. NAME Don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT County Home Records
(ADDRESS) Little Blue Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Medical College DATE 9-20-3419. UNDERTAKER Flynn + Greenleaf
(ADDRESS) McC 30020. FILED Sept 19 1934 William J. Field
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-34 .193422. I HEREBY CERTIFY, That I attended deceased from 9-1- 1934 to 9-14- 1934I last saw him alive on 9-14- 1934. Death is said to have occurred on the date stated above, at 5 P.M.

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

Chronic
Pneumonia
ThyphoidOther contributory causes of importance:
Chronic

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. Exam 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 _____, 1934

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) L. W. Booker, M. D.(Address) 2028 VINE ST.

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.

11th St. Wash

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