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

NOV 21 1934

Do not use this space.

37116

1. PLACE OF DEATH
County St Charles Registration District No. 756
Township Portage des Sioux Primary Registration District No. 5997
City ..... (No. ....., ... St. ..... Ward)

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

2. FULL NAME Edwin Maurice Bryan
(a) Residence, No. 1101 Olive St., 1 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1916

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
18	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) St Charles Mo

FATHER
13. NAME John Bryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O Fallon Mo

MOTHER
15. MAIDEN NAME Nellie Rodenhoefer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O Fallon St Charles Co. Mo

17. INFORMANT (ADDRESS) John Bryan 1101 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Chas Borromeo Cem DATE Oct 18, 1934

19. UNDERTAKER (ADDRESS) H Kallmyer & Sons Co 800 N Second St

20. FILED Oct 16, 1934 C A Barnard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held Inquest, to Oct 16, 1934
~~I last saw h..... alive on ..... 19..~~ Death is said to ~~have occurred on~~ the date stated above, at 3:15 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental traumatism due to being struck by a passenger train while sitting on the rail. Resulting from fracture of skull shoulder ribs hip and broken leg.	Oct 15 1934

Other contributory causes of importance:

207

Name of operation none Date of none
What test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 15, 1934
Where did injury occur? Near Orchard Farm Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury Struck by a train
Nature of injury fractures of bones of body

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) Will L. Freeman, M.D.
(Address) St Charles Mo
Coroner of St Charles Co Mo