

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

Do not use this space.

MAR 7 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248 B
 City Rock, Mo. (No. Rock Hospital) St. _____ Ward _____

File No. 45373
 Registered No. 5

2. FULL NAME

Brady Bryant
 (a) Residence, No. 726 1/2 Palmer St. Ward. St. Louis Mo.
 (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 m 4. COLOR OR RACE Cal. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sept.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 3 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 34

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 93

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) Miss

13. NAME Uuk

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

15. MAIDEN NAME Washington

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

17. INFORMANT (ADDRESS) Robert Koch Records

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE 1-3

19. UNDERTAKER (ADDRESS) Walter Reichter

20. FILED Jan 4 1935 G. Mowbray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-26 1934, to 12-18 1934

I last saw him alive on 12-12 1934 Death is said

to have occurred on the date stated above, at 6:50 m.

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

Pulver T.B
T.B. longish
Syphilis generalized

Other contributory causes of importance:

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 _____, 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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) Koch, Mo. Fr...

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.

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