

D. W.

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

Do not use this space.

SEP 23 1935

27077

1. PLACE OF DEATH

County Mississippi
Township St. James
City East Prairie, Mo. (No. _____)

Registration District No. 6-67
Primary Registration District No. 11334

File No. _____
Registered No. 61
St. _____ Ward _____

2. FULL NAME William Henderson Bryan

(a) Residence, No. East Prairie, Mo. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Ellen Bryan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 19th 1857</u>		
7. AGE <u>78</u>	YEARS <u>6</u>	MONTHS <u>12</u>
		DAYS <u>12</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation <u>life</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1935, to Aug. 1, 1935
I last saw him alive on Aug. 1, 1935. 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:
Cerebral apoplexy

Other contributory causes of importance:
None

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 George W. Whiteaker
(Signed) _____
(Address) East Prairie, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME William Hampton Bryan

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

15. MAIDEN NAME Juda Morgan

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

17. INFORMANT Zenobia Jackson
(ADDRESS) East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Doewood DATE Aug. 3, 1935

19. UNDERTAKER Travis N. Shelby
(ADDRESS) East Prairie, Mo.

20. FILED Aug. 3 W. Duff Registrar

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.

