

SEP 18 1935

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

Do not use this space.

28365

1. PLACE OF DEATH

County *Saline*
Township *Grand Pass*
City (No. *1*)Registration District No. *795*
Primary Registration District No. *6038*File No. *3*
Registered No. *795*
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

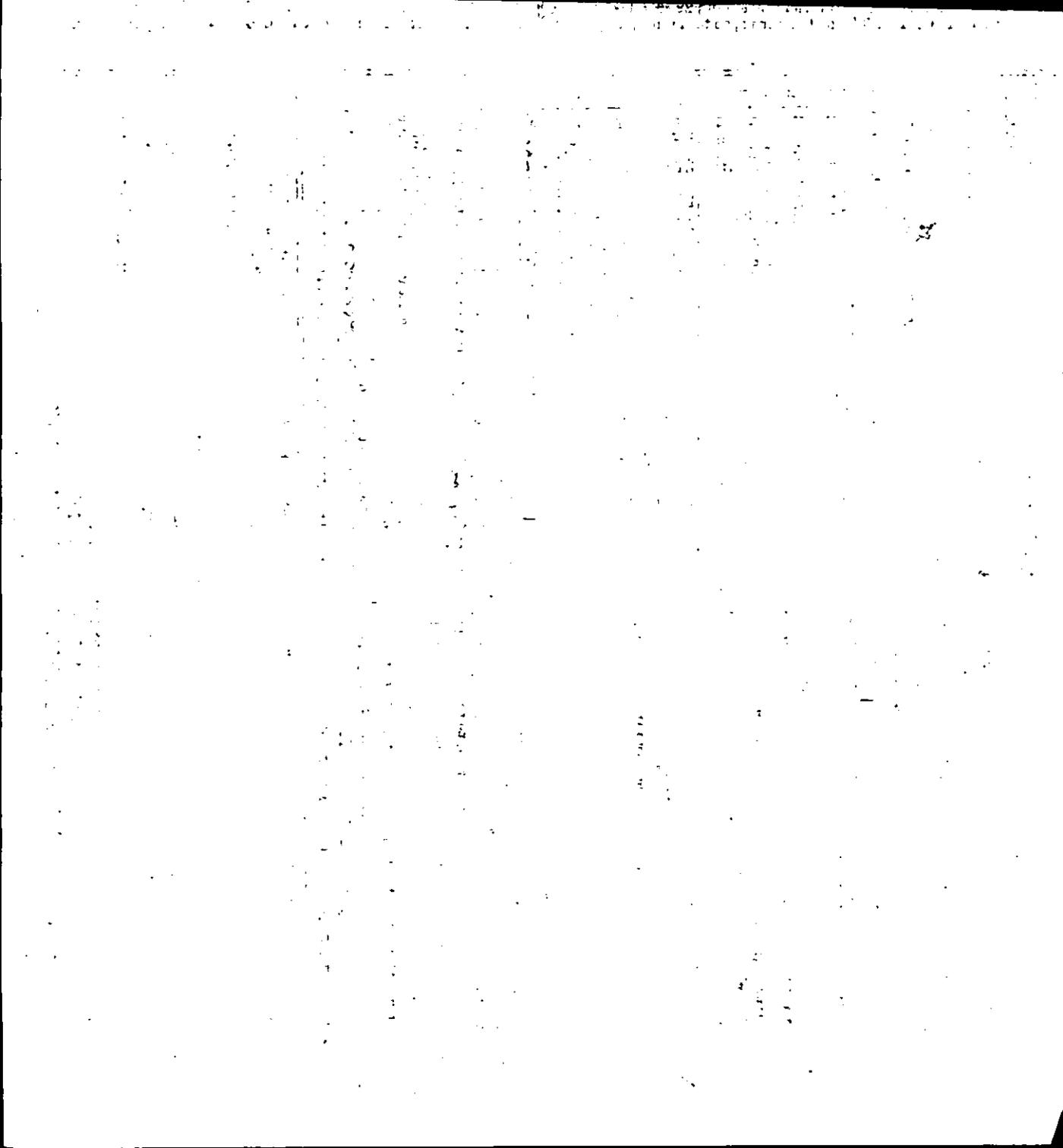
PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>N</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widower</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lucinda Bryan</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>5-27-1858</i>		
7. AGE	YEARS <i>77</i>	MONTHS <i>2</i>
	DAYS <i>28</i>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	
	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) <i>Lynn mo</i>	13. NAME <i>John Bryan</i>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Nashville Tenn</i>	
MOTHER	15. MAIDEN NAME <i>Nicks</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>	17. INFORMANT (ADDRESS) <i>James Bryan Lynn mo</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Nashville Tenn</i>	DATE <i>8-27-1935</i>	
19. UNDERTAKER (ADDRESS) <i>Waller Funeral Home Canaan mo</i>		
20. FILED	19	Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>8/25</i> , 19 <i>35</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>8-15</i> , 19 <i>35</i> to <i>8-24</i> , 19 <i>35</i> I last saw him alive on <i>8-24</i> , 19 <i>35</i> Death is said to have occurred on the date stated above, at <i>2:40</i> p. m. The principal cause of death and related causes of importance were as follows: <i>Chronic Nephritis</i> Date of onset _____
Other contributory causes of importance: <i>MI</i>
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 <i>Spilling salt</i> (Signed) <i>Harry Jett</i> , M. D. (Address) <i>Harvey, Mo</i>

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**

ALL INFORMATION OBTAINED FROM THIS RECORD SHOULD BE KEPT CONFIDENTIAL
FOR MUST BE WRITTEN ON THIS CARD ONLY
Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 795
Township Grand Pass Primary Registration District No. 6038
City (No. _____) St. _____ Ward _____

2. FULL NAME

Thomas M. Bryan
(a) Residence, No. _____ 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 2 28

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 8-28, 1935 Raymond Spruill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

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) _____

SUPPLEMENTAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 21 1955

28365

CONFIDENTIAL