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

DEC 26 1935

Do not use this space.

35989

File No. ....
Registered No. 485

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1022
City Kansas City (No. 6930 S Benton St. ....Ward)

2. FULL NAME George C Bryant
(a) Residence, No. 6930 S Benton St., ...Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 28 - 1856

7. AGE: Years 79 | Months 5 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) michigan

FATHER
13. NAME Perry Newton Bryant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) michigan

MOTHER
15. MAIDEN NAME Unk McCabe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Winston C Bryant 2732 Crooks

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Nov 5 1935

19. UNDERTAKER Newnecomer Sons
(ADDRESS) Kansas city - Mo

20. FILED Nov. 4 1935 M. M. Cerone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19.... I last saw him alive on ....19.... Death is said to have occurred on the date stated above, at 12 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Pelvic Abscess	
Secondary Infection Hypocrisis	
Acute Pulmonary Edema	

Other contributory causes of importance:

93c

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)

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.

100M-3-28-35