

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

Do not use this space.

FEB 21 1936

4175

1. PLACE OF DEATH
 County Shelby Co Registration District No. 560
 Township Jefferson Primary Registration District No. 6094
 City (No. _____) St. _____ Ward _____

2. FULL NAME Daniel Morgan 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

MEDICAL CERTIFICATE OF DEATH

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) March - 22 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>9</u>	<u>27</u>	

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

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) Monroe Co - Mo

MOTHER FATHER

13. NAME Joseph Bryan

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

15. MAIDEN NAME Katherine Best

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

17. INFORMANT W. S. Bryan
 (ADDRESS) Shelby, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE Jan 21 1936

19. UNDERTAKER Brother Miles Burkhead
 (ADDRESS) Shelby, Mo

20. FILED 1-21 1936 Ray Hamilton
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-19-36, 19____, to 1-19-36, 19____.
 I last saw him alive on 1-19-36, 19____. Death is said to have occurred on the date stated above, at 11:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Shock?
Cause was uncertain
 Date of onset 1-19-36

Other contributory causes of importance:
Strangulated ing. hernia 1-18-36

Name of operation _____ Date of _____
 What test confirmed diagnosis? Amplid Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) A. M. Cook, M. D.
 (Address) Shelby, Mo

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.

