

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.

2:15 p.m.  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

14688-1  
7

July 20 1936

**1. PLACE OF DEATH**

County Sangre Registration District No. 974  
 Township Campbell Primary Registration District No. 0389  
 City Rae, Mo. (No. ....) St. .... Ward)

File No. ....  
 Registered No. 3

**2. FULL NAME**

Robert E. Bryan  
 (a) Residence, No. Ray mo 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**

<b>3. SEX</b>	<b>4. COLOR OR RACE</b>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b>		
<u>male</u>	<u>white</u>	<u>married</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>				
<u>Cara E. Bryan</u>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b>				
<u>Nov. 9 / 1859</u>				
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, hrs. or min.</b>
	<u>76</u>	<u>4</u>	<u>22</u>	
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>			
	<u>Farming</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
<b>10. Date deceased last worked at this occupation (month and year)</b>				<b>11. Total time (years) spent in this occupation</b>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>				
<u>Germany, Ill.</u>				
<b>FATHER</b>	<b>13. NAME</b>			
	<u>unknown</u>			
<b>MOTHER</b>	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>			
<b>15. MAIDEN NAME</b>				
<u>unknown</u>				
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>				
<b>17. INFORMANT (ADDRESS)</b>				
<u>Beal E. Bryan</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b>				
PLACE <u>Johnson</u> DATE <u>8-2</u> 19 <u>36</u>				
<b>19. UNDERTAKER (ADDRESS)</b>				
<b>20. FILED</b>				
<u>July 18 1936 Vera Mendel Registrar.</u>				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 7-1 1936

**22. I HEREBY CERTIFY, That I attended deceased from**  
April 1st, 1929, to April 1st, 1936  
 I last saw him alive on ..... 1936 Death is said to have occurred on the date stated above, at 2:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Paralysis of right side of body  
 Date of onset

**Other contributory causes of importance:**  
See

**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) Dr. J. C. Elliot, M. D.  
 (Address) Rome, Mo.



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

Do not use this space.

**1. PLACE OF DEATH**

County Douglas

Registration District No. 974

Township Campbell

Primary Registration District No. 3387

City.....

(No. ....)

File No.....

Registered No.....

St. ....

Ward)

**2. FULL NAME**

Robert E Bryan

(a) Residence, No. .... 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.

76

4

22

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.

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)

MOTHER FATHER

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 July 15 1936 Dora Mendel Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

4-1 1936

22. I HEREBY CERTIFY, That I attended deceased from

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

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

Paralysis of rt side of body  
cerebral embolus

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 cause (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) W. J. C. Ellis, M. D.

(Address) Home

SUPERSEDED

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.

Form 1 X704

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