

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

Do not use this space.

JUN 17 1936

18747

1. PLACE OF DEATH

County Callaway
 Township Tullon
 City Tullon (No. _____)

Registration District No. 104
 Primary Registration District No. 3008

File No. _____
 Registered No. 165
 St. _____ Ward _____

2. FULL NAME

William Bryant
 (a) Residence, No. Ashland Mo St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 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 Jane Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 2 0

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) Mo.

FATHER 13. NAME John Bryant

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

MOTHER 15. MAIDEN NAME OK

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

17. INFORMANT (ADDRESS) State Records

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) Ray Holt
Windsorfield

20. FILED May 23rd 1936 R. D. Lewis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20th 1936 to May 23, 1936

I last saw him alive on May 23, 1936 Death is said to have occurred on the date stated above, at 6:05 p.m.

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

Chr. Myocarditis & Myocardial Degeneration OK

Other contributory causes of importance _____

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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) Calvin Starks, M. D.

(Address) Tullon 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.

