

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22282

1. PLACE OF DEATH

County CedarRegistration District No. 163Township Primary Registration District No. 4095City Eldorado springs, (NoSt. Ward 2. FULL NAME Charles A 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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(1904-1936) Nannie Bryan

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

Sept 26 1870

7. AGE

YEARS

65

MONTHS

8

DAYS

23

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

Railway Switchman
Retired 15 years

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)

Creston, Iowa

FATHER

13. NAME Alvin Bryan

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

IOWA

MOTHER

15. MAIDEN NAME Minnie Rock

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

IOWA

17. INFORMANT Harry A Bryan(ADDRESS) 132 S. Hayes, Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL

PLACE City (com)DATE 6/22/193619. UNDERTAKER Gwinn-Siders,(ADDRESS) Eldorado Springs, Missouri20. FILED 6/19/1936J. W. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 19, 1936

22. I HEREBY CERTIFY That I attended deceased from

May 15, 1936, to June 19, 1936I last saw him alive on June 19, 1936. Death is saidto have occurred on the date stated above, at 1:30 a.m.

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

Angina Pectoris

Date of onset

Other contributory causes of importance

Coronary SclerosisName 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? noIf so, specify (Signed) M. D. Peyton(Address) Eldorado Springs

M. D.

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.

