

JUL 18 1936

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

Do not use this space.

22292

1. PLACE OF DEATH

County *Carter*
Township *Keytesville*
City *Keytesville* (No.)

Registration District No. *171*
Primary Registration District No. *4100*

File No.
Registered No. *27*
St. Ward)

2. FULL NAME

Iola Lee O'Bryan

(a) Residence, No. 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

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <i>A. B. O'Bryan</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 19, 1863</i>		
7. AGE	YEARS <i>72</i>	MONTHS <i>10</i>
	DAYS <i>24</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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)
Prosper Virginia

FATHER 13. NAME
John Beard

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Don't know

MOTHER 15. MAIDEN NAME
Elizabeth Brightman

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

17. INFORMANT (ADDRESS)
*Iola O'Bryan
Keytesville Mo.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Adair* DATE *June 15, 1936*

19. UNDERTAKER (ADDRESS)
Keytesville Mo

20. FILED *June 25, 1936* *Mrs. Key L. Landre* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 13, 1936*

22. I HEREBY CERTIFY that I attended deceased from *June 3, 1936 to June 13, 1936*

I last saw her alive on *June 13, 1936* Death is said to have occurred on the date stated above, at *5:30* p.m.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage - arteriosclerosis

Other contributory causes of importance:

Anginal attacks

Name of operation *none* Date of operation
What test confirmed diagnosis? *None* Was there an autopsy? *no*

23. If death was due to external causes (violence, accident, suicide, or homicide) state the following:
None

Where did injury occur? *None* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

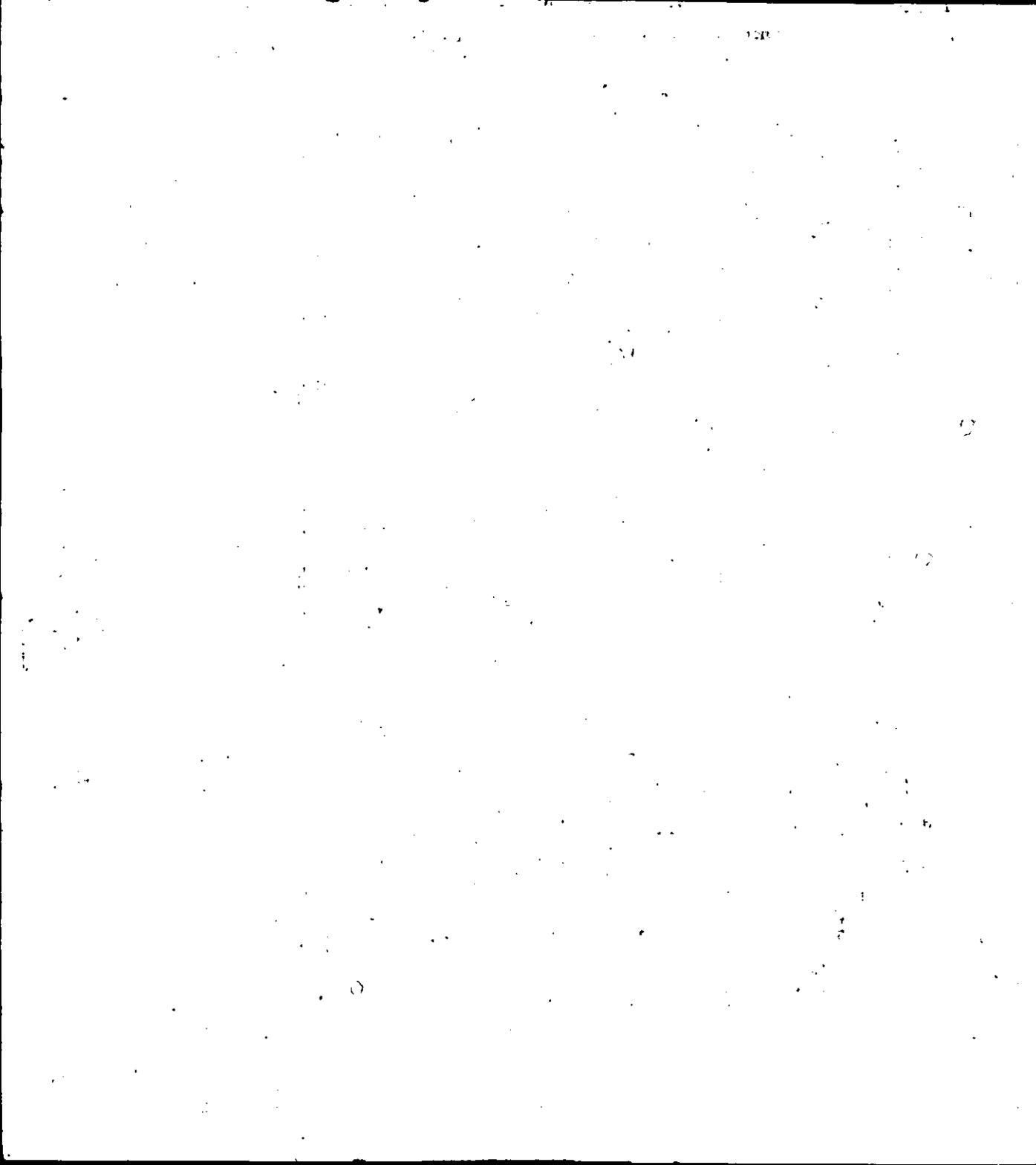
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify
(Signed) *W. J. Gillman*, M. D.
(Address) *Keytesville*

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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD



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

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1. PLACE OF DEATH

County Chariton

Registration District No. 171

File No. _____

Township _____

Primary Registration District No. 4100

Registered No. _____

City Keosauqua (No. _____)

St. _____ Ward _____

2. FULL NAME

Lesla Lee O'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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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 or 1 min. 72 10 24

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) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

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 June 15, 1936 Mrs. Roy Landree Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1936

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 _____ m.

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

Date of onset _____

Other contributory causes of importance: agural attacks angina pectoris
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, 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) A. W. Tillmann, M. D.

(Address) _____

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.

WRITE FULLY WITH CARE THIS IS A PERMANENT RECORD X7684

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