

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 20 1936

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

Do not use this space.

36851

1. PLACE OF DEATH

County Butter
Township Weyburn
City (No. _____) _____ (Ward _____)

Registration District No. 88
Primary Registration District No. 5130

File No. _____
Registered No. 39

2. FULL NAME

(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.

James Washington Bryant
Weyburn Mo. 8 23 1936
Weyburn Mo. 8 23 1936

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 Mary M. Bryant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 8 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) Nov 1936 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Ark.

13. NAME Henry Bryant

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

15. MAIDEN NAME Unknown

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

17. INFORMANT See Bryant (ADDRESS) Philadelphia Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Weyburn care. DATE 10/23 1936

19. UNDERTAKER non appointed (ADDRESS) _____

20. FILED Oct 26 1936 J. L. Turner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1936 to Aug 24 1936

I last saw him alive on Aug 26 1936 Death is said to have occurred on the date stated above, at 8 a. m.

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

pulmonary tuberculosis Date of onset _____

Other contributory causes of importance: smoking

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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) J. E. Bennett M. D.

(Address) Weyburn Mo.

