

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 16 1936

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

Do not use this space.

37909

1. PLACE OF DEATH
 County Jackson Registration District No. 500
 Township Van Primary Registration District No. 1
 City Kansas City (No. 12 C Gen. Hosp.) St. 4th Ward

2. FULL NAME William R. Bryan
 (a) Residence, No. 1916 W. Wash St. Ward. 4
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 37 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Maggie Bryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1899

7. AGE YEARS 36 MONTHS 7 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
 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) Bates County Mo.

FATHER
 13. NAME Jacob Bryan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
 15. MAIDEN NAME Edaline Hurdalberg
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Bird Bryan
 (ADDRESS) 2439 Taylor N.E. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE Oct. 31 1936

19. UNDERTAKER R. V. Lindsey & Sons
 (ADDRESS) 3811 Broadway

20. FILED 10-30-36 M. M. Crowe, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-9 1936, to 10-29 1936.
 I last saw him alive on 10-29 1936. Death is said to have occurred on the date stated above, at 4:55 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Head of Pancreas with extensive metastases Date of onset

Other contributory causes of importance:
None

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1936
 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None

(Signed) W. R. Crowe M. D.
 (Address) 12 C Gen Hosp. K.C. Mo.

