

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.

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

Do not use this space.

38105

NOV 28 1936

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township Jefferson Primary Registration District No. 3575
City St. Louis (No. _____) St. _____ Ward _____

File No. _____
Registered No. 113

2. FULL NAME

Timothy M. Bryant
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Jamie Bryant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1 1860</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>5</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>		
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) <u>Evarts, Ky</u>		
13. NAME <u>Daniel Bryant</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Sockey Gilder</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Mrs. Jennie Bryant</u> (ADDRESS) <u>1414 N. 1st St. St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hemlock, Mo.</u> DATE <u>10/24</u> 19 <u>36</u>		
19. UNDERTAKER <u>Queller & Venzel</u> (ADDRESS) <u>Foster Ave. St. Louis, Mo.</u>		
20. FILED <u>1936</u> 19 <u>36</u> <u>J. E. Rutledge</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 16 1936 to Oct 19 1936
I last saw him alive on Oct 19 1936. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Date of onset Oct 16

Other contributory causes of importance:
Age & wear & tear

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, 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? _____
If so, specify _____
(Signed) Dr. O. E. Hunsley M. D.
(Address) 1414 N. 1st St. St. Louis, Mo.

