

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

Do not use this space.

JAN 19 1937

806

1. PLACE OF DEATH

34 County Douglas  
Township Trindley  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 272

Primary Registration District No. 5380

File No. \_\_\_\_\_

Registered No. 112

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(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. \_\_\_\_\_

da. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Single

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

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

Jan 6 - 37

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

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

None

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)

Trindley, Ind.  
Douglas Co. Mo.

FATHER

13. NAME

Harlan E. Bryan

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

Mo.

MOTHER

15. MAIDEN NAME

Jewell V. Cornelius

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

Mo.

17. INFORMANT  
(ADDRESS)

Harlan E. Bryan  
Seymour Mo. R 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crematory

DATE Jan 7 1937

19. UNDERTAKER  
(ADDRESS)

Trindley

20. FILED

1-9 1937

Henry Bunker  
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 6, 1937, to Jan 6, 1937

I last saw her alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 10 a.m.

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

Still Born  
Prenatal Death

Date of onset

Other contributory causes of importance:

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)

(Address)

J. H. Mason, M. D.

Mansfield

