

FEB 17 1937

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

Do not use this space.

1187

1. PLACE OF DEATH

County Jackson Registration District No. 398

Township Independence Primary Registration District No. 3019

City Independence No. Independence San St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wayne Edward Bryant

(a) Residence, No. Wayne & Lee Rd. St. Route 3, Ward 1  
(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 m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
— — 10

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)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. Mo.

13. NAME Lee Franklin Bryant

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

15. MAIDEN NAME Maggie Hamner

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

17. INFORMANT L. J. Bryant  
(ADDRESS) Wayne & Lee Rd. Route 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Ground DATE 1-22-37

19. UNDERTAKER Has Ross  
(ADDRESS) Ind. Mo.

20. FILED 1-25-37 J. L. Cook  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1937

I HEREBY CERTIFY That I attended deceased from Jan 12 1937 to Jan 21 1937  
I first saw him alive on Jan 20 1937 Death is said to have occurred on the date stated above, at 2 a.m.

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

Thyroid enlargement  
arteriosclerosis  
enlarged heart  
atherosclerosis  
1510  
enlarged heart  
over

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
What test confirmed diagnosis clinical 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. 33

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Buckhoush M.D.  
(Address) Independence

WRITE CAREFULLY 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.

1-25-37 X704

Dr. (Mrs.) H. H. H. H. H.  
60411 Maple.  
Phone 4100

This body - was drop used  
The same as the one -  
with the extraction -

X-ray - show some enlargement  
of the sinus - with albetaxol  
- were treated - e X-ray - in detail -

did improve in oxygen & air  
Heart enlarged - was brought  
it might need a patent foramen ovale

Autopsy not attempted  
Banks