

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.

MAR 16 1937

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph Hospital) Registered No. 5113
 (If nonresident, give city or town and State) 197 St. Ward

2. FULL NAME Mrs. Ivy Ethel Bryant
 (a) Residence, No. Cosby mo St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 3 mo How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Lew Bryant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 13 - 1901
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 10 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1937
 22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1937, to Feb 14 1937
 I last saw her alive on Feb 14 1937. Death is said to have occurred on the date stated above, at 7:20 a.m.
 The principal cause of death and related causes of importance were as follows:

purpural Sepsis
Necrosis Uteri.
Toxic Nephritis.
Myocarditis.
 Other contributory causes of importance:
Pregnancy - 1450 2 mos.
 Date of onset Feb 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Liberty mo.
 13. NAME L. M. Campbell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Ind.
 15. MAIDEN NAME Sallie E. Cannon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co mo.
 17. INFORMANT L. M. Campbell (ADDRESS) Dearborn mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Imou Star mo. DATE Feb 17 1937
 19. UNDERTAKER J. Fred Terhune (ADDRESS) Savannah mo.
 20. FILED Feb 17 1937 H. J. Neelbush Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
 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) H. S. Soward, M. D.
 (Address) St Joseph mo.

