MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Laclede
Township Eldrage
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 451
Primary Registration District No. 5616

File No. 6946
Registered No. .....

2. FULL NAME Walter E 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 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 Mary Ellen Bryant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1877

7. AGE YEARS 59 MONTHS 4 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Eldrage Laclede Co Mo

FATHER
13. NAME John Bryant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldrage Laclede Co Mo

MOTHER
15. MAIDEN NAME Serie Ellen Hufft
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldrage Laclede Co Mo

17. INFORMANT (ADDRESS) Eunice Stidham

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hufft Cemetery DATE Feb 11 1937

19. UNDERTAKER (ADDRESS) E N Stewart Lebanon Mo

20. FILED Feb 10 1937 Nora Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936, to Feb. 10, 1937
I last saw him alive on Feb. 1, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	1920

Other contributory causes of importance: [illegible]

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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. A. Hamilton, M. D.
(Address) Lebanon, Mo.

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.