

MAR 24 1937

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

Do not use this space.

7721

1. PLACE OF DEATH

County Pulaski
Township Union
City Dixon, Mo. (No. _____, _____ St. _____ Ward _____)

Registration District No. 711Primary Registration District No. 5940

File No. _____

Registered No. 72. FULL NAME Willis Arthur 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 1 18

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) Missouri13. NAME Willis Bryant14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Louisia Byse16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Willis Bryant (ADDRESS) Dixon, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Richland, Mo. DATE Feb 18 193719. UNDERTAKER Fred H. Gilberth (ADDRESS) Dixon, Mo.20. FILED Feb 17, 1937 U.S. Lick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16-193722. I HEREBY CERTIFY, That I attended deceased from Feb-6- 1937, to Feb-16- 1937I last saw him alive on Feb-96- 1937. Death is saidto have occurred on the date stated above, at 3.15 A.M.

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

Broncho pneumonia11/12

Other contributory causes of importance:

influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam. 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) A. J. Lick M. D.(Address) Dixon, 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.

