

MAR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Texas
Township Gardiner
City Salado (No.)

Registration District No. 862
Primary Registration District No. 6135

File No. 9170
Registered No. 42
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Vallee Bryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Nov 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina13. NAME John Jackson Bryan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Jane Mc Kay16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs. Vallee Bryan18. BURIAL, CREMATION, OR REMOVAL PLACE Salado DATE Mar 2 193719. UNDERTAKER (ADDRESS) Saylor & Bell20. FILED March 9 1936 Mrs. Louis Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 193722. I HEREBY CERTIFY, That I attended deceased from 2-24, 1937, to 2-28, 1937I last saw him alive on 2-28, 1937. Death is saidto have occurred on the date stated above, at 5:40 p.m.
The principal cause of death and related causes of importance were as follows:ArteriosclerosisOther contributory causes of importance: 97

Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No23. 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) J. Robertson, M. D.(Address) Salado

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.

