APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 11669
Township — Primary Registration District No. 3014 — Registered No. 128
City Jefferson City, Mo. (St. ..... Ward)

2. FULL NAME LOUIS W. BRYCE, #48337
(a) Residence, No. Missouri State Penitentiary, Jefferson City, Mo.
(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*): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1875

7. AGE: Years 62 — Months 0 — 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. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad.
10. Date deceased last worked at this occupation (month and year) Unknown.
11. Total time (years) spent in this occupation Unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Mrs A. B. Saplinger (ADDRESS) Moberly, Mo.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Moberly, Mo DATE 4/1/37, 1937

19. UNDERTAKER Dawson-Tanner Under. Co. (ADDRESS) Jefferson City, Missouri.

20. FILED 4/1, 1937 [illegible] M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1937, to Mar. 31, 1937
I last saw h. im alive on Mar. 31, 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
Lobar Pneumonia (Type I)	Unkn.

Other contributory causes of importance: 108

Name of operation None. Date of ---
What test confirmed diagnosis? Sputum 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. N. Rawlins, M. D.
(Address) Prison Physician, Jefferson City, Mo

N.B.—Every item of information should be carefully supplied. ALL PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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