JUL 10 1937

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

Do not use this space.

22905

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. Lakeside Hosp. St. Ward)

File No. — Registered No.

2. FULL NAME William Cullen Bryant

(a) Residence, No. Gashland, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	9	15	

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lilly Motor Co.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Arkansas

FATHER

13. NAME J. C. Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.

MOTHER

15. MAIDEN NAME Susan Settlefohan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.

17. INFORMANT Beulah Roberts
(ADDRESS) 812 Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Collinsville, Okla. DATE 6/28/37

19. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS)

20. FILED 6/25 1937 M. M. Crouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Digitized Copy ....., 19..., to ....., 19...

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:10 A.M.

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

Acute streptococcal cellulitis of the right arm 6/16

Streptococcic septicemia

Other contributory causes of importance?

Returned to meet on right arm 6/19/37

(Statement of attending physician)

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy 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) ....., M. D.

(Address) .....

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.