

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Crawford
Township Osage
City Osage (No.)

Registration District No. 1117
Primary Registration District No. 5317

File No. 34059
Registered No. 8
St. Ward)

2. FULL NAME

Helta 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter Bryant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10 - 1910</u>		
7. AGE	YEARS	MONTHS
	<u>16</u>	<u>11</u>
		DAYS
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Crawford Mo</u>		
13. NAME <u>C. C. Harman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford Mo</u>		
15. MAIDEN NAME <u>Florence Parsley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford Mo</u>		
17. INFORMANT (ADDRESS) <u>Walter Bryant</u> <u>Osageville Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Martin Cemetery</u> DATE <u>9/4 - 1937</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. ...</u> <u>Osageville Mo</u>		
20. FILED <u>9-12</u> 19 <u>37</u> <u>E. E. Kelly</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 4th 1937 to Aug 13th 1937
I last saw him alive on Aug 11th 1937 Death is said to have occurred on the date stated above, at 12:20 m.
The principal cause of death and related causes of importance were as follows:
Phthisis Pulmonalis Date of onset 2 yrs

Other contributory causes of importance None

Name of operation None Date of None
What test confirmed diagnosis? Physical Was there an autopsy? None

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) Julian G. C. ... M. D.
(Address) Osage, 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.

Order of the Court

of the Court

of the Court