

Dr. Bedford
NOV 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. 37474
 Township _____ Primary Registration District No. 3014 Registered No. 263
 City Jefferson (No. H) St. _____ Ward _____

2. FULL NAME Clarence R. Bryan

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-5-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
16 4 28

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. "
 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) Jefferson City, Mo.

MOTHER FATHER 13. NAME William Bryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Csage County, Mo.

MOTHER 15. MAIDEN NAME Amelia Bloomer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Usage County, Mo.

17. INFORMANT Frank H. Bryan
 (ADDRESS) Cedar City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE Oct-5--- 1937

19. UNDERTAKER Frank J. Gordon
 (ADDRESS) Jefferson City, Mo.

20. FILED 10/5/37 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1937, to Oct 3, 1937
 I last saw him alive on Oct 2, 1937 Death is said to have occurred on the date stated above, at 6 A. m.

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

Fractured skull
 Other contributory causes of importance: 210 m

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 10/3, 1937
 Where did injury occur? Jefferson City, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home or in public place.
Highway - passenger in car
 Manner of injury Car against tree
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) Jeff. City, Mo

Every item of information should be carefully supplied. AGES 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.

