

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

Do not use this space.

**1. PLACE OF DEATH**

County Cedar  
Township Linn  
City Stockton (No. ....)

Registration District No. 165  
Primary Registration District No. 5231

File No. 2383  
Registered No. 54  
St. .... Ward)

**2. FULL NAME**

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

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. (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
1 5 28

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

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) Stockton, Cedar Co. Mo.  
(STATE OR COUNTRY)

13. NAME R. N. Bryant

14. BIRTHPLACE (CITY OR TOWN) Madison Co. Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Ethyl Morton

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

17. INFORMANT R. N. Bryant  
(ADDRESS) Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Younger DATE 2-10-38

19. UNDERTAKER W. H. L. Davis, Inc.  
(ADDRESS) Stockton, Mo.

20. FILED Feb 1 1938 Mrs G. A. Brown  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1938, to Feb 1, 1938

I last saw him alive on Jan 30, 1938. Death is said

to have occurred on the date stated above, at 9:00 A.M.

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

Broncho pneumonia

Date of onset

Other contributory causes of importance:

**RECEIVED**

Name of operation FEB 23 1938 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes, list also the following:

Accident, suicide, or homicide

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) C. R. Steffen, M. D.

(Address) Stockton, Mo.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sign.

1092

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

2383

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar

Registration District No. 165-

(b) Township Linn

Primary Registration District No. 5231

Registered No. 54

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lewis Ronald Bryant

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs.  
or min.

OCCUPATION

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

9. Industry or business in which work  
was done, as 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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR  
(ADDRESS)

20. FILED

19

Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on

to have occurred on the date stated above, at

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

Pneumonia

Date of onset

Other contributory causes of importance:

Cardiac failure only

Name of operation

Date of

What test confirmed diagnosis?

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

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)

(Address)

M. D.

