

REC'D MAR 14 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
Township Frank  
City Kansas City (No. St. Joseph Hosp.)Registration District No. 399  
Primary Registration District No. 1002File No. 5729  
Registered No. 795  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Name Ms. Tollie Bryan 650  
(a) Residence, No. 2523 Monroe St., \_\_\_\_\_ Ward.  
(Usual place of abode)Length of residence in city or town where death occurred 54 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) July 6-18837. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
54 76 98. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Municipal Farm10. Date deceased last worked at this occupation (month and year) Feb. 11, 1938 11. Total time (years) spent in this occupation. 11 yrs.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky13. NAME James R. Bryan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Nancy J. Bryan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Mr. J. B. Bask  
6024 Elmwood18. BURIAL (CREMATION, OR REMOVAL) PLACE Mem. Park DATE Feb. 17, 193819. UNDERTAKER (ADDRESS) H. W. Newcomer Sons  
300 Pages20. FILED 717 1938 M. R. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1938 to Feb 15, 1938I last saw him alive on Feb 15, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

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

Solar Pneumonia

Date of onset

2-12-38

Other contributory causes of importance:

Pleural Effusion (left)Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Ph. Ph. m. Was there an autopsy? yes23. 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) T. W. Anderson, M. D.(Address) 915 Angelle Bldg  
Forest St. 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.

WRITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

George B. B. B.  
1-5-77