

REC'D APR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

83 County Platte  
Township Green  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 692  
Primary Registration District No. 891913

File No. 11809  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Bynthia Caroline Bryan 650  
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bryan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeping  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year) Jan 1936 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Guy L. Brown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mr B. M. Smith  
Deerborn Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerborn Cem. DATE March 31, 1938

19. UNDERTAKER (ADDRESS) Lucian Davis  
Deerborn Mo.

20. FILED April 3, 1938 W. T. Moore  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1938, to March 30th, 1938

I last saw her alive on March 25th, 1938 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Cerebral Hemorrhage Date of onset 2-21-38

Other contributory causes of importance: None

Name of operation None Date of None  
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None  
Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify No

(Signed) S. L. Decker M. D.  
Deerborn, Mo. 693 (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.

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

19. [Illegible]

20. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

26. [Illegible]

27. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

29. [Illegible]



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