

REC'D MAY 18 1938

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

Dr. [Signature]
14670
Do not use this space.

1. PLACE OF DEATH

(a) County *Greene* Registration District No. *316*
(b) Township *Springfield* Primary Registration District No. *2001* Registered No. *367*
(c) City *Springfield* (d) Street No. *1706 Chestnut* St.
(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

(a) Residence, No. *1706 Chestnut* St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 25, 1871</i>		
7. AGE <i>60</i>	YEARS	MONTHS <i>9</i>
		DAYS <i>15</i>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>housewife</i>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Highland Mo.</i>		
13. NAME <i>H. C. Bryant</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Levin</i>		
15. MARRIAGE NAME <i>Sarah Bryant</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>		
17. INFORMANT (ADDRESS) <i>Hazel Bryant</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Walley (with 5/1/38)</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>Springfield Mo.</i>		
20. FILED <i>May 1, 1938</i> <i>Chas. A. George</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/30* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *4/2*, 19*38* to *4/30*, 19*38*
I last saw him alive on *4/28*, 19*38* Death is said to have occurred on the date stated above, at *12:30* p.m.
The principal cause of death and related causes of importance were as follows:
Cancer of Lungs
primary, 1 yr?
40

Date of onset

Other contributory causes of importance:
none

Name of operation *none* Date of *none*
What test confirmed diagnosis *autopsy* 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*, 19*38*
Where did injury occur? *none*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *none*
Nature of injury *none*

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

(Signed) *J. J. [Signature]* M.D.
(Address) *Springfield*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Walter E. Hamilton

Licensed Embalmer No.

3808

P. O. Address

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

