REC'D JUN 15 1938

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

17709
Do not use this space.

1. PLACE OF DEATH
(a) County BOONE — Registration District No. 75
(b) Township PERSHIE — Primary Registration District No. 5714 — Registered No.
(c) City — (d) Street No. — St.
(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 Ida Elizabeth Bryson
(a) Residence, No. R. F. D. 1 Harrisberg St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: O.E. Bryson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 18, 1879

7. AGE: YEARS 58 — MONTHS 5 — DAYS 24 — 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. Housewife
10. Date deceased last worked at this occupation (month and year) April 12 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BOONE CO. MO.

FATHER
13. NAME: James W. Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BOONE CO. MO.

MOTHER
15. MAIDEN NAME: Pheobe Forbis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BOONE CO. MO.

17. INFORMANT (ADDRESS): O. J. Bryson, Independence, Mo.

18. BURIAL, [redacted]
PLACE: Red Rock — DATE: 4/14/38, 19

19. FUNERAL DIRECTOR (ADDRESS): R. O. WILLETT, Columbia, Missouri

20. FILED June 4 1938 Mrs H. Gullett, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/12/1938, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:30p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	3 to 4 Years

Other contributory causes of importance:

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? No — Date of injury ..., 19...
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: No
Nature of injury: No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M R Toulson Coroner, M. D.
(Address) 20 N 9 St.

(Licensed Embalmer's Statement on Reverse Side)

9513 -

Bryan

STATEMENT BY LICENSED EMBALMER

I, R O Willett, Licensed Embalmer No. 3183

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arterial and Cavity Injection L. E. R. O. Willett

No. 3183 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed R O Willett

Licensed Embalmer No. 3183

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

17709
Do not use this space.

1. PLACE OF DEATH
(a) County: Boone — Registration District No.: 78-
(b) Township: Perche — Primary Registration District No.: 3114 — Registered No.:
(c) City: — (d) Street No.: , St.
(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: Ida Elizabeth Bryson
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

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.
38	5	24	

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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12 1938

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute dilation of Heart
Myocarditis

Other contributory causes of importance: 93D1-

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 , 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?
If so, specify
(Signed) W. P. Toalson, Coroner
(Address) 20 N. 9th Columbia Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1938
S-17769