

DEC'D AUG 24 1938

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

25106

Do not use this space.

1. PLACE OF DEATH.

(a) County Clenton Registration District No. 204
(b) Township Shoal Primary Registration District No. 378v Registered No. 37
(c) City 5 mi S.W. Cameron (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

Margaret Susan Bryant 653
(a) Residence, No. St. Joseph Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1865

7. AGE YEARS 73 MONTHS 5 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Puckawan Co. Mo

13. NAME Josiah Costin

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ms. Lena Coats (ADDRESS) 5 mi S.W. Cameron

18. BURIAL, CREMATION, OR REMOVAL PLACE Register Cemetery DATE July 15 1938

19. FUNERAL DIRECTOR Newton Be Yole & Bowman (ADDRESS) 319 So 10th St. St. Joseph

20. FILED 7/13 1938 St. Joseph Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1938

22. I HEREBY CERTIFY That I attended deceased from July 1 1938 to July 13 1938

I last saw him alive on July 10 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Miscellaneous Chronic Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify _____

(Signed) M. D. Costin M. D.

185 (Address) Cameron Mo

STATEMENT BY LICENSED EMBALMER

I, Theron D Smith, Licensed Embalmer No. 3928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. 3928 or by....., Registered Apprentice No.
working under my personal supervision.

Signed Theron D Smith

Licensed Embalmer No.

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.)