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.

REC'D SEP 23 1938

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

Do not use this space.

File No. 29336
Registered No. 23

1. PLACE OF DEATH
County: Lawrence
Township: Pierce
City: Pierce City (No. ..., ... St. ..... Ward)
Registration District No. 471
Primary Registration District No. 4284

2. FULL NAME: Mary Rodgers Brymer 656

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Floyd E. Brymer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16, 1903

7. AGE: Years 35 | Months 1 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hswf
9. Industry or business in which work was done, as silk mill, 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): Pierce City Mo

FATHER
13. NAME: Wm J. Rodgers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pierce City

MOTHER
15. MAIDEN NAME: Ida Homuth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pierce City

17. INFORMANT (ADDRESS): Husband F.E. Brymer

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetery DATE: Aug 7, 1938

19. UNDERTAKER (ADDRESS): V.O. Niemeyer Pierce City

20. FILED: Aug 6, 1938 C.B. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1934, to August 5, 1938
I last saw her alive on August 5, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis -	1934
Myocardial Degeneration	1934
Mitral Regurgitation	1934
Other contributory causes of importance:	
Chronic Glomerular Nephritis	1936
Generalized Anasarca -	1938

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) L. Mason Lyons, M. D.
(Address) Pierce City Mo

MAR 14 1957