

SEP 19 1938

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

Do not use this space.

29758

1. PLACE OF DEATH

County Pike
Township Buffalo
City Louisiana

Registration District No. 689
Primary Registration District No. 3033

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

MRS. Julia M. Murtry Bryson

(a) Residence, No. 315 N 3 St. _____ Ward _____

(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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 - 53

7. AGE YEARS 84 MONTHS 11 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Ky

FATHER 13. NAME John M. Murtry

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

MOTHER 15. MAIDEN NAME Elizabeth Cross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Ky

17. INFORMANT Jan Bryson (ADDRESS) Louisiana, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE River View, Louisiana, Mo DATE 8/30 38

19. UNDERTAKER F. H. Hays (ADDRESS) Louisiana, Mo

20. FILED 8/29 1938 F. H. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1938, to Aug 28 1938
I last saw her alive on Aug 28 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Arterio Sclerosis

Other contributory causes of importance: Senility

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) J. M. Pearson M. D.
_____ (Address) Louisiana, Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-84

Date Filed 9-15-38

*230 June
Z.P.*

Rev Care

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