

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

33111
Do not use this space.

DEC'D OCT 26 1938

1. PLACE OF DEATH
 (a) County Windsor Registration District No. 1735
 (b) Township Wagon Creek Primary Registration District No. 3034 Registered No. 181
 (c) City Madison (d) Street No. Woodland Hospital 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 Harley Chas Bryant
 (a) Residence, No. Madison, Mo St. Madison, Mo
 (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 Male 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 Emma Bryant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1878
 7. AGE YEARS 59 MONTHS 11 DAYS 13 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saddle Horse
 9. Industry or business in which work was done, as saw mill, bank, etc. Wagon & Harness
 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) Madison, Mo

FATHER 13. NAME Joseph Bryant

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

MOTHER 15. MAIDEN NAME Evelyn Stevens

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

17. INFORMANT (ADDRESS) Emma Bryant
Madison, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE 9-19-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred G. Thompson
Madison, Mo

20. FILED Sept 19, 1938 Ethel Blutin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 17, 1938
 I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to September 17, 1938.
 I last saw him alive on Sept 17, 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Hyper tension Heart
 Date of onset

Other contributory causes of importance:
None

Name of operation None Date of None
 What test confirmed diagnosis? None 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) Harley Chas Bryant, M. D.
 (Address) Madison, Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-358

Date Filed 10-8-38

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,

Paul G. Thompson, or by

Registered Apprentice No., working under my personal supervision.

Signed

Paul G. Thompson

Licensed Embalmer No.

1490

P.O. Address

Madison, Mo.

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

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