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

USED JAN 11 1939

44093
Do not write in this space.

1. PLACE OF DEATH
(a) County Dunklin 2 Registration District No. 651
(b) Township 1 Primary Registration District No. 4388 Registered No. 117
(c) City Caruthersville (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.
625

2. PRINT FULL NAME MAXINE MARIE 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 27, 1937
7. AGE: Years 1 | Months 6 | Days 21 | 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. ✓
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): Victorville, California

FATHER
13. NAME: Cecil D. Bryson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poseach, Missouri

MOTHER
15. MAIDEN NAME: Lois May Leek
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ridgely, Tennessee

17. INFORMANT (ADDRESS): Mrs. Cecil Bryson, Victorville, California
18. BURIAL, CREMATION, OR REMOVAL PLACE: Caruthersville, Mo. DATE: Nov. 23, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): L. Forge Und. Co. Caruthersville, Mo.
20. FILED: Dec. 1, 1938 Ada Martin, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 18, 1938 9:15 P.M.
22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1938, to Nov. 18, 1938
I last saw her alive on Nov. 18, 1938. Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ileocolitis	11-11-38
Bronchopneumonia	11-15-38

Other contributory causes of importance:
Name of operation ..... 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? ..... 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) J. R. Pirtle, M. D.
(Address) Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 3,
District File Number 38-11
Date Filed 2-16-38

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, ...
Not Embalmed, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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