

REC'D JAN 20 1935

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

Do not use this space.

44140

1. PLACE OF DEATH

County *Pike*

Registration District No. *685*

File No. *29*

Township *Calumet 2*

Primary Registration District No. *4404*

Registered No. *26*

City *Barkeville* (No. *1*)

St.

Ward

2. FULL NAME *Joseph Christopher Bryant*

(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 *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 *Anna Leahy Bryant*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 28 - 1850*

7. AGE

YEARS *88*

MONTHS *10*

DAY *8*

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

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) *Independence Mo*

FATHER

13. NAME *Isaac Bryant*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Josamine Co Ky*

MOTHER

15. MAIDEN NAME *Anna Edwards*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Josamine Co Ky*

17. INFORMANT (ADDRESS) *Leice Bryant West Side Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Sumner*

DATE *July 1 1934*

19. UNDERTAKER (ADDRESS) *Harry L. ...*

20. FILED *Jan 15 1935*

1935

W. H. ...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 30 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1 1935*, to *Dec 30 1934*

I last saw him alive on *Dec 29 1934* Death is said

to have occurred on the date stated above, at *1934*

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

Uræmic Poisoning

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation *131*

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? *no*

If so, specify

(Signed) *J. G. ...* M. D.

(Address) *... ..*

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

Number 10-38-945

1-11-39