

19 FEB 6 1939

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

Do not use this space.

3208

1. PLACE OF DEATH

County New Madrid  
Township 1  
City Morehouse, Mo. (No. ....)

Registration District No. 603  
Primary Registration District No. 3207

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME Maxie Eugene Bryan

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -- Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
Born dead 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
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) Morehouse, Mo.

FATHER 13. NAME Jewel P. Bryan

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

MOTHER 15. MAIDEN NAME Fern Williams

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

17. INFORMANT Jewel Bryan (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter Grave yard DATE .....

19. UNDERTAKER Mr. Yeager, Morehouse, Mo. (ADDRESS)

20. FILED 4/26 1939 John Porris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 22 1937

22. I HEREBY CERTIFY, That, I attended deceased from August 22 1937 to Aug 22 1937

I last saw h Born dead 19..... Death is said

to have occurred on the date stated above, at... Still born  
The principal cause of death and related causes of importance were as follows:

Stillborn due to strangulation of umbilical cord in utero.

Date of onset

Other contributory causes of importance:

Not known (Baby had strangulated umbilical cord, while in utero)

Name of operation None Date of .....  
What test confirmed diagnosis? Clinical 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? No injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No injury

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify .....

(Signed) A. Glenn Davis, M. D.

536 (Address) Morehouse, Mo.

