

REC'D MAR 23 1939

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

7675
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 475
(b) Township Reese Primary Registration District No. 6070-A
(c) City Boone Terre (d) Street No. _____ Registered No. 13
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Clare Howard Walter Bryan
(a) Residence, No. Boone Terre Mo St. (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 Eugene Bryan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman
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) de Soto Missouri
13. NAME Charles Bryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia Va
15. MAIDEN NAME Elizabeth Rockcliff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
17. INFORMANT (ADDRESS) Mrs Harry Bryan Boone Terre Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE B. V. Cemetery DATE Feb. 5, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Boone Terre Mo
20. FILED Feb. 5, 1939 N.W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1938, to Feb. 2, 1939
I last saw him alive on Feb. 2, 1939. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 59
Other contributory causes of importance: Diabetes
Hypertension
Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) H. R. Robber! M. D.
(Address) Boone Terre, 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.

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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, G. J. Claywell

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

G. J. Claywell
.....
Licensed Embalmer No. 3706

P. O. Address Council Bluffs Mo

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.