

DEC'D APR 19 1939

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

11561
Do not use this space.

1. PLACE OF DEATH

(a) County Mercer 3 Registration District No. 556
(b) Township Morgan 1 Primary Registration District No. 5750 Registered No. _____
(c) City _____ (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.

2. PRINT FULL NAME

650 Reese Bryan
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Netta Bryan</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 9, 1871</u>			
7. AGE YEARS <u>67</u>	MONTHS <u>5</u>	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>farmer</u>		
	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) <u>Mercer Co.</u> (STATE OR COUNTRY) <u>Mo.</u> <u>0</u>			
FATHER	13. NAME <u>John Bryan</u> <u>1</u>		
	14. BIRTHPLACE (CITY OR TOWN) <u>Ill.</u> <u>1</u> (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME <u>Pickett</u>		
	16. BIRTHPLACE (CITY OR TOWN) <u>Ind.</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Wilbur Bryan</u> (ADDRESS) <u>Princeton Mo.</u>			
18. BURIAL, CREMATION, OR REMPTAL PLACE <u>Wesley Hill</u> DATE <u>3/21</u> 19 <u>39</u>			
19. FUNERAL DIRECTOR (NAME) <u>Neil Mass</u> (ADDRESS) <u>Funeral home</u>			
20. FILED <u>3/21</u> 19 <u>39</u> <u>J. M. Reese</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 193922. I HEREBY CERTIFY, That I attended deceased from March 7, 1939 to March 20, 1939I last saw him alive on March 19, 1939 Death is said to have occurred on the date stated above, at 1 a. m.

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

Cerebral thrombosis, rt. side, with disturbance of function most marked rt. arm, some rt. leg slight disturbance speech center. Date of onset March 5-7

Pneumonia, hypostatic, left lower lobe. 2/10 m

Had a severe brain concussion on Jan. 20, result of having his wagon with team hit by automobile.

Name of operation Phys What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 20, 39
Where did injury occur? Highway No 65, Princeton, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile hit a wagon he wasNature of injury driving - hit on head24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. S. Bristow A. S. Bristow M. D.(Address) Bristow Bldg, Princeton, Mo.

RECEIVED

District Health Officer No. 111

District File Number

39-263

Date Filed

APR 8 1934

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,

Noel

Mass

, or by

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

Signed

Noel Mass

Licensed Embalmer No.

2637

P. O. Address

Princeton, N.J.

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.