REC'D MAY 18 1939

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

14608
Do not use this space.

1. PLACE OF DEATH

(a) County Clay 2 Registration District No. 148

(b) Township ~~Fishing river~~ Primary Registration District No. 3011 Registered No. 47

(c) City Excelsior Springs (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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

653

2. PRINT FULL NAME Ida Harris Bryant

(a) Residence, No. 430 Benton 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: Female
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: William W. Bryant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25 1868

7. AGE: YEARS 70 | MONTHS 8 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Mo.

FATHER
13. NAME: William T. Graham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Martha Schooler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Georgia Surtzer Cowgill, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cowgill Mo. DATE Apr. 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Claude Prichard Excelsior Springs, Mo.

20. FILED Apr 10 1939 Lorena McCracken Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 9 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 8, 1939, 19..., to April 9, 1939, 19...
I last saw him alive on April 9, 1939. Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Thyroid	no. of yrs.

Other contributory causes of importance:

Produced strangulation

Name of operation: none 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? no 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) [signature] M. D.
180 (Address) Excelsior Spgs 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.

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2
1

CEIVED
rict Health Officer No. 8,
ct File Number 5/3/34
Filed

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, Claude Prichard, or by

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

Signed Claude Prichard

Licensed Embalmer No. 2757

P. O. Address Excelsior Springs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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