

RECD JUL 12 1939

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

Do not use this space.

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1003

20709

1. PLACE OF DEATH  
County.....  
Township.....  
City St. Louis, Mo (No. St. Louis Maternity Hospital St. \_\_\_\_\_ Ward)  
2. FULL NAME Bryant Infant  
(a) Residence, No. 2013a Compton Avenue St. 17 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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.

File No. \_\_\_\_\_  
Registered No. 5553

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10, 1939</u>			
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<b>Stillborn</b>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
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) <u>St. Louis, Mo</u> (STATE OR COUNTRY)			
13. NAME <u>Bryant, John William</u>			
14. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Mo</u> (STATE OR COUNTRY)			
15. MAIDEN NAME <u>Clayburn, Dorothy</u>			
16. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Mo</u> (STATE OR COUNTRY)			
17. INFORMANT <u>John Wm. Bryant</u> (ADDRESS) <u>2013a Compton</u>			
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Wash. Univ.</u> DATE <u>6-23</u> 19 <u>39</u>			
19. UNDERTAKER <u>Dept of Pathology</u> (ADDRESS)			
20. <u>JUN 23 1939</u> 19 <u>39</u> <u>J. B. Bidwell</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1005th.

The principal cause of death and related causes of importance were as follows:  
Stillborn (28 wks)  
Premature Rupture of Membranes

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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?  
If so, specify \_\_\_\_\_  
(Signed) Ora James Gibson, M. D.  
(Address) 4500 Olive

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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