

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.

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

Do not use this space.

1. PLACE OF DEATH
 13 County Caldwell 1 Registration District No. 94
 20 Township Breckenridge Primary Registration District No. 4655
 City 650 Edward No. Bryan St. _____ Ward _____
 2. FULL NAME _____
 (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.

File No. 21685
 Registered No. _____
 St. _____ Ward _____

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 Alice J. Bryan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-9-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 - 0 - 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer-Retired
 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) (STATE OR COUNTRY) Linnigton Co. Mo.
 MOTHER FATHER 13. NAME Thomas J. Bryan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thurksboro Va.
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Robert Bryan
 (ADDRESS) Breckenridge Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE McCook DATE 6-8-39
 19. UNDERTAKER James D. Gordon
 (ADDRESS) Phillips Mo.
 20. FILED July 1 1939 A.R. May Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 1 1939, to June 5 1939.
 I last saw deceased alive on June 5, 1939 Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis (chronic)
Coronary Occlusions
 Date of onset _____
 Other contributory causes of importance: 93C
No
 Name of operation _____ 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? _____ (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) Geo. Morse M. D.
 (Address) Linnigton Mo

RECEIVED

District Health Officer No. 11,

District File Number 739-758

Date Filed JUL 6 1939