

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

31946

Do not use this space.

1. PLACE OF DEATH

(a) County Cochran Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 10017 Registered No. 996
 (c) City St. Joseph (d) Street No. St. Joseph Hosp. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Billie Ray Bryant
 (a) Residence, No. King City Mo. St. King City, Mo.
 (Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-3-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
11 4 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Boy
 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 _____

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) King City Mo.
 13. NAME Raymond Bryant
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Virginia Oliver
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Raymond Bryant
King City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE King City DATE Sept 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rev. Jagger
King City Mo.

20. FILED Sept 21, 1939 H. J. Neel
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 28th 1939, to _____, 19____, 19____
 I last saw h. ###:## on ###:## 19____. Death is said to have occurred on the date stated above, at 2:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Injuries received when the
Bicycle he was riding
collided with a pony

Other contributory causes of importance none

Name of operation 2/2 1/2 Date of _____
 What test confirmed diagnosis? History 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 9/28, 1939
 Where did injury occur? King City Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public place
 Manner of injury Bicycle collided with pony
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) B. W. Tadlock Coroner of M. D.
 (Address) King Hill Bldg

Date of onset

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.

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

Signed *R. J. Taggart*
Licensed Embalmer No. *2563*
P. O. Address *King City 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.