NOV 24 1939

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

37001
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph — Registration District No. 731
(b) Township Silver Creek — Primary Registration District No. 5973 — Registered No. 15
(c) City Higbee Mo. — (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 Mrs Nettie O, Bryan
(a) Residence, No. R. F. D. Higbee Mo St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	Color	Married, Widowed, or Divorced
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X. M. O, Bryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	5	II	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) Howard Co Mo.

FATHER
13. NAME J. H. Phelps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mary Fennell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

17. INFORMANT (ADDRESS) Price Grimsley Higbee Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Log Chappell DATE Oct 3 39

19. FUNERAL DIRECTOR (ADDRESS) Joe W Burton Higbee Mo.

20. FILED 19 65
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 39

22. I HEREBY CERTIFY, That I attended deceased from 9/21/39, 19..., to 9/30/39, 19...
I last saw her alive on 9/30/39, 19... Death is said to have occurred on the date stated above, at 6:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis with resulting Heart failure and Edema	9/-/39

Other contributory causes of importance:
Resulting Heart failure and edema

Name of operation ..... 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? ..... 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) Dr P W Deem, M.D.
(Address) ARMSTRONG MO.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXCTLY. PHYSICIANS should s
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
V. S. No. 2.
50M-7-20-37
I X12004

RECEIVED
District Health Officer No. 10
District File Number 11-39-1919
Date Filed NOV 14 1939

STATEMENT BY LICENSED EMBALMER

I, Orel Robinson, Licensed Embalmer No. 4101

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Mk

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Orel Robinson

Licensed Embalmer No. 4101

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

37001
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph Registration District No. 731
(b) Township Silver Creek Primary Registration District No. 5973 Registered No. 18
(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 Mrs. Nettie O Bryan
(a) Residence, No. R F D. Higbee Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. M. O'Bryan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-20-1874
7. AGE YEARS 65 MONTHS 5 DAYS 11 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) Howard Co Mo

FATHER
13. NAME J. H. Phelps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mary Fennell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisd Co Mo

17. INFORMANT (ADDRESS) Price Brimsley Higbee Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Log Chappell DATE Oct 3 1939
19. FUNERAL DIRECTOR (ADDRESS) Joe W Burton Higbee Mo
20. FILED 12/14 1939 J Bradshaw Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1939
22. I HEREBY CERTIFY, That I attended deceased from 9/21 1939, to 9/30 1931
I last saw her alive on 9/30 1939 Death is said to have occurred on the date stated above, at 6:15 A.m.
The principal cause of death and related causes of importance were as follows:
Chr. Interstitial nephritis with resulting Heart failure and Edema
Date of onset
Other contributory causes of importance:
Resulting Heart failure and Edema
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) P. W. Deem, M. D.
(Address) Armstrong Mo

SUPPLEMENT

MARGIN RESERVED FOR BINDING

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

50M-5-37 I X12241