

FILED APR 15 1942

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

11812

Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 703
 (b) Township Butler Primary Registration District No. 4458 Registered No. 8
 (c) City Lowry City Mo (d) Street No. 1 St. 13
 (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. 6 mos. 0 da. (f) How long in U. S., if of foreign birth? yrs. 0 mos. 0 da.

2. PRINT FULL NAME Leona Hulda Bryan

(a) Residence, No. Lowry City St. Clair Co Mo 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) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Calvin Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9, 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 19
 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) Martinville
 (STATE OR COUNTRY) Warren Co Missouri

FATHER 13. NAME Boliver Daniel Bryan

14. BIRTHPLACE (CITY OR TOWN) Martinville
 (STATE OR COUNTRY) Warren Co Missouri

MOTHER 15. MAIDEN NAME Anderson Burgess

16. BIRTHPLACE (CITY OR TOWN) Martinville
 (STATE OR COUNTRY) Warren Co Missouri

17. INFORMANT (ADDRESS) Farrisk Johnson
Lowry City Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lowry City Cemetery DATE 3/28, 1942

19. FUNERAL DIRECTOR (NAME) H. C. Austin
 (ADDRESS) Lowry City Mo

20. FILED 3/30 1942 Minnie Foster
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28/1942

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1942 to Mar. 28, 1942

I last saw her alive on Mar. 27, 1942 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Insufficiency Date of onset

Other contributory causes of importance:
Influenza 920

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) C. S. Stratton M. D.
 (Address) Lowry City Mo

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.

RECEIVED

District Health Officer No. 7,

District File Number 4-42-413

Date Filed 4-14-42

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 *Nat. Embalmed*

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.