

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.

FILED JUN 18 1943

FILED PLACE OF DEATH

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

22571

County Shannon

Township Spring Valley

Village Summersville

City Summersville

Registration District No. 336

Primary Registration District No. 6136

File No. _____

Registered No. _____

St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Richard Orley Bryson

PERSONAL AND STATISTICAL PARTICULARS

SEX M.

COLOR OR RACE W.

SINGLE 1 MARRIED Married
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH

Nov. 7, 1866
(Month) (Day) (Year)

AGE

76 yrs. 6 mos. 5 ds. IF LESS than
1 day, ____ hrs. or ____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country) Macon County, North Carolina

PARENTS

NAME OF FATHER

Albeaton Bryson

BIRTHPLACE OF FATHER

(City or town, State or foreign country) North Carolina

MAIDEN NAME OF MOTHER

Elizabeth Angel

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Don't know?

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Minnie Bryson

(ADDRESS)

Summersville

Filed

5-17-1943 Frank Hyde

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

5 12, 1943
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 4-12, 1943, to 5-11, 1943, that I last saw him alive on 5-11, 1943, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease
922

Contributory (SECONDARY)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed)

Dr. M. Reed M. D.
Summersville

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Summersville, Mo.

DATE OF BURIAL

May 13, 1943

UNDERTAKER

Duncan

ADDRESS

Summersville Mo.

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UNDERTAKER	ADDRESS