

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

29566
Do not use this space.

FILED AUG 31 1943

1. PLACE OF DEATH

(a) County Texas Registration District No. 353

(b) Township Sturvell Primary Registration District No. 0198

(c) City _____ (d) Street No. _____ Registered No. 21

(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.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME JAMES H. BRYANT

(a) Residence, No. _____ St. (If nonresident, give city or town and State) TX

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miss Jan Bryant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hr. or min.
<u>77</u>	<u>3</u>	<u>33</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Farmer

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) West Gro. Mo.

FATHER

13. NAME Jas. D. Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Sarah M. Beldridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Dorman Bryant

18. BURIAL, CREMATION, OR REMOVAL PLACE Williamson DATE 7/27 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith Ferguson

20. FILED Aug. 26 1943 Maggie Wilson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1943

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1943 to July 25, 1943

I last saw him alive on July 24, 1943 Death is said to have occurred on the date stated above, at 4:30 pm.

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

Psychic

133a

Date of onset _____

Other contributory causes of importance: a cold

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? no

Also, specify _____

(Signed) W. B. Reed M.D.

(Address) Fickling, 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.

FORM 1 X18605

8/31/43 12-1

AUG 31 1940

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

Erbert E. Ferguson

Licensed Embalmer No.

3945

P. O. Address

Picking 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.