

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.

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

Do not use this space.

43977

1. PLACE OF DEATH

County Pettis
Township Smithton #2
City Sedalia (No. R.R. #2)

Registration District No. 669
Primary Registration District No. 5892

File No.
Registered No. 16
St. Ward)

2. FULL NAME

Myrtle May Bryant
(a) Residence, No. Sedalia RR #2 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 Wife of E. D. Bryant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13/1892
7. AGE YEARS 42 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Benton Co (STATE OR COUNTRY) Mo

13. NAME David Shull
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Ashcraft
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT E. D. Bryant (ADDRESS) Sedalia RR #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Abell cem DATE 12/11/34

19. UNDERTAKER Mc Laughlin Bros (ADDRESS) Sedalia Mo

20. FILED Dec 11 1934 Mrs J. E. Monroee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from the body 1934 to Dec 9 1934

I last saw h. alive on Death is said to have occurred on the date stated above, at 10:50 P.M.

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

Quinria Pectoris Date of onset

Other contributory causes of importance:

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? no Date of Injury

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) E. D. Bryant
(Address) Sedalia Mo

