MAR 07 1930

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

Do not use this space.

5336

1. PLACE OF DEATH

County Jasper — Registration District No. 406 — File No. ✓

Township — Primary Registration District No. 4240 — Registered No. ✓

City Carl Junction (No. ..... St. ..... Ward)

2. FULL NAME Nancy Jane Bryant

(a) Residence. No. ..... St., 2 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 1833

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	96	8	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER no record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY)

14. INFORMANT Mrs. J. H. Hunt
(Address) Kansas City - Mo

15. FILED 7/22 1930 C W Rovey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1929, to Feb 21, 1930, that I last saw her alive on Feb 21, 1930, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis chronic
184A
194B
106B (duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Fractured femur and dislocation at hip (duration) yrs. mos. 2 ds 15

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no. DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? symptoms and history of case

(Signed) B. Kennedy, M.D.C.

7/22, 1930 (Address) Carl Junct Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Jasper Mo.	Feb 23 1930
20. UNDERTAKER	ADDRESS
C B Rovey	Carl Jct. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE. CAUSE OF DEATH in plain terms, ... SCRIBED BY LAW

1. PLACE OF DEATH.

County Jasper — Registration District No. 406 — File No. ...

Township ... — Primary Registration District No. 4240 — Registered No. 8

City Carl Junction (No. ..., ... St. ... Ward)

2. FULL NAME Nancy Jane Bryant

(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ...
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY)

14. INFORMANT ...
(Address)

15. FILED Apr. 17 1930 C W Roney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis, Chronic

... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Fractured femur and dislocation at hip

... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? Slipped to get out of bed and just got up as a standing position and fell

IF NOT AT PLACE OF DEATH? ...

DID AN OPERATION PRECEDE DEATH? ... DATE OF ...

WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) F. Kanian, M.D.

Apr. 16, 1930 (Address) Carl Junct Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

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S-5336