

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

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218

**1. PLACE OF DEATH**

County Cooper  
Township \_\_\_\_\_  
City Marionville Mo (No. \_\_\_\_\_)

Registration District No. 218  
Primary Registration District No. 3013  
St. Joseph Hospital

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. Georgia E Bryan St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Marion  
(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 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 James Bryan  
Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>61</u>	<u>3</u>	<u>8</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work house wife 1890-1910  
(b) General nature of industry, business, or establishment in which employed (or employer) 872  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER John R Sparks

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mary B. Bryan  
(Address) 211 Parri - MO

15. FILED Feb 3 1931 G. A. Russell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/3/31 1931

17. I HEREBY CERTIFY, That I attended deceased from 8/24/31 1931 to 9/3/31 1931  
that I last saw h. a. l. alive on 9/3/31 1931 and that death occurred, on the date stated above, at 2:00 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paralysis Agitans contributory  
General Debility from fracture of neck of femur  
Hypostatic Pneumonia (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Paralysis Agitans (SECONDARY) (duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Pneumonia contracted at hospital

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? X-ray gas film of fracture  
(Signed) A. W. Ransom M. D.

, 19 (Address) Boonville

\*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 Ridge Park Cemetery DATE OF BURIAL 9/5/1931

20. UNDERTAKER Marshall ADDRESS Marshall Mo  
L. R. Vandiver

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. SEP 22 1931

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S-30357