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.

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

Do not use this space.

20891

1. PLACE OF DEATH
County ..... Registration District No. 791 1003 File No. .....
Township ..... Primary Registration District No. ..... Registered No. 5379
City St. Louis (No. Mo Baptist Hospital St. ..... Ward)

2. FULL NAME Luella P. Bryant
(a) Residence, No. ..... St., 12 Ward. Richland Mo
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19-1881

7. AGE YEARS 50 MONTHS 8 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ass. Post Master
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Richland Mo 189
10. Date deceased last worked at this occupation (month and year) April
11. Total time (years) spent in this occupation 1932

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Ia 2

FATHER
13. NAME John D. Frock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Rebbecca Stockleager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Charles Bryant Richland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richland Mo DATE 6 - 6 1932

19. UNDERTAKER (ADDRESS) Teeple Und Co. Richland Mo

20. FILED JUN -6 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1931, to 6 - 3, 1932
I last saw her alive on 6 - 3, 1932. Death is said to have occurred on the date stated above, at 3 30 A m.
The principal cause of death and related causes of importance were as follows:

Cause (Melanoma) General all over body, Malignant. Primary seat big toe right foot 53 Yrs

Date of onset 6-3-32

Other contributory causes of importance:

536 0

Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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? .....
If so, specify Disease
(Signed) John S. Young, M. D.
(Address) 919 N Taylor St Louis Mo