

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Neely
City (No. _____)

Registration District No. 88
Primary Registration District No. 5130

File No. 38616
Registered No. 43
St. _____ Ward _____

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2

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

10. Date deceased last worked at this occupation (month and year) Dec 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norris City Illinois

13. NAME Milo Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazard Prairie Illinois

15. MAIDEN NAME Jane Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norris City Illinois

17. INFORMANT (ADDRESS) Charles Bryant Norris City Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Norris Cemetery DATE Dec 25, 1932

19. UNDERTAKER (ADDRESS) Gish Undertaking Co. Taylor Mo.

20. FILED Dec 24, 1932 R. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1932, to Dec 23, 1932

I last saw him alive on Dec 18, 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Arsenical Poisoning Date of onset 12-18-32

163A
120B / 63 (1)

Other contributory causes of importance: Gastro-enteritis 12-18-32

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 12-18-1932

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

If so, specify _____ (Signed) R. L. Turner, M. D.
(Address) Neelyville Mo.

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.

JAN 21 1933

