

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

Do not use this space.

2993

**1. PLACE OF DEATH**

96 Cor. St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City Robertson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Flamie F. Bryant  
 (a) Residence, No. Robertson, Mo. 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**

1. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milton Bryant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1859  
 7. AGE YEARS 74 MONTHS 0 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) 11/30/32 11. Total time (years) spent in this occupation 40  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesburg, Mo.  
 FATHER 13. NAME Embricus  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 MOTHER 15. MAIDEN NAME Embricus  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT Shirley Bryant  
 (ADDRESS) Robertson, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesburg, Mo. DATE 1-16-1933  
 19. UNDERTAKER H. J. Williams Bros.  
 (ADDRESS) Overland, Mo.  
 20. FILED 2-8 1933 Emma J. Harris  
 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14<sup>th</sup> 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 5<sup>th</sup> 1931, to Jan. 14<sup>th</sup> 1933.  
 I last saw him alive on Jan. 13<sup>th</sup> 1933. Death is said to have occurred on the date stated above, at 10:00 a. m.  
 The principal cause of death and related causes of importance were as follows:  
arterio-sclerosis and Bronchial asthma Date of onset Nov. 5. 31  
 Other contributory causes of importance: Influenza 11/13 1-10-33  
 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? \_\_\_\_\_ 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? No.  
 If so, specify \_\_\_\_\_  
 (Signed) H. J. Williams, M. D.  
 (Address) Robertson, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2

