

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

Do not use this space.

20233

53

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 461
 Township Lexington Primary Registration District No. 5225
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME Arma Lee Bryan
 (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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Feb 1 - 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	1	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co Mo

MOTHER FATHER

13. NAME Frank Bryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo

15. MAIDEN NAME Mary Liddle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeds Mo

17. INFORMANT Frank Bryan (ADDRESS) Lexington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Hill DATE June 21, 1933

19. UNDERTAKER (ADDRESS) Ernest Weger MO

20. FILED June 27, 1933 Frank Brice Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1933

22. I HEREBY CERTIFY That I attended deceased from June 15, 1933, to June 20, 1933
 I last saw her alive on June 20, 1933. Death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Acute Enteritis
1198/19

Date of onset June 1933

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinal 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? _____
 If so, specify _____
 (Signed) F. M. Mason M. D.
 (Address) Wellington 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.

RECORDING INFORMATION—THIS IS A PERMANENT RECORD

JUL 1 1933

