

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

Do not use this space.

16449

**1. PLACE OF DEATH**

County Grundy  
Township  
City Trenton (No. ....)

Registration District No. 328  
Primary Registration District No. 3017

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

James C. Bryant

(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 78 yrs. 7 mos. 4 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 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2 - 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>78</u>	<u>7</u>	<u>4</u>	

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

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) Grundy Co. Missouri  
(STATE OR COUNTRY)

13. NAME A. M. Bryant 8

14. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Tate

16. BIRTHPLACE (CITY OR TOWN) Louisiana  
(STATE OR COUNTRY)

17. INFORMANT Lura Helmscheller  
(ADDRESS) Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edinburg, Mo. DATE May 7<sup>th</sup> 1934

19. UNDERTAKER Belu O. Davis # 3216  
(ADDRESS) Trenton, Mo.

20. FILED 5-7 1934 Irene O. Fair  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6<sup>th</sup> 1934

22. I HEREBY CERTIFY, That  attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Probably apoplexy. Died suddenly.  
82A 102 J. J. A. /

Other contributory causes of importance:  
Previous ather. slight stroke High blood pressure.

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 .....

(Signed) Herbert L. Kennerly **DEPUTY**  
Coroner Grundy Co.  
(Address) 816 1/2 main  
Trenton, Missouri

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.

JUN 21 1934

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