

MAY 14 1936

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

Do not use this space.

16666

1. PLACE OF DEATH

County St. Francois
Township St. Francois

Registration District No. 773
Primary Registration District No. 6078A

File No. _____
Registered No. 78 St. _____ Ward _____

Near City Farmington, Mo. (No. _____, _____, _____)

2. FULL NAME John A. Bryant

(a) Residence, No. Horley, 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rachel Bryant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9, 1855</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>4</u>	DAYS <u>18</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Mo.

13. NAME Hezikah Bryant

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

15. MAIDEN NAME Mary E. Hamilton

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

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Horley, Mo DATE 4-28 1936

19. UNDERTAKER Hayton Undertaking Co
(ADDRESS) Horley, Mo

20. FILED April 27, 1936 T. J. Roush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936, to April 27, 1936
I last saw him alive on April 26, 1936. Death is said to have occurred on the date stated above, at 6:20 a.m.

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

Influenza resulting in
Pneumonia

Date of onset

H-23-36

Other contributory causes of importance:

Generalized arteriosclerosis
Senile mental deterioration

Name of operation _____ Date of _____

What test confirmed diagnosis? culture 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) R. J. Dale, M. D.

(Address) High #4 Farmington, 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.

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U.S. DEPARTMENT OF AGRICULTURE

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