

MAR 13 1937

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

Do not use this space.

399

6399

1. PLACE OF DEATH

County JacksonRegistration District No. 1002

File No. _____

Township Jean

Primary Registration District No. _____

Registered No. 399City Kansas City (No. 72 C Gen Hosp)

Asst. _____

Ward _____

2. FULL NAME

(a) Residence, No. Turnbelt No. 10

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

m.

4. COLOR OR RACE

w.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S

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

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

Nov 18 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

3736213

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

Labourer

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

Martin Bryant

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

Ill

15. MAIDEN NAME

Belle Mefford

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

Ill

17. INFORMANT (ADDRESS)

Reynold Clark
72 C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Graves 7-11 1937

19. UNDERTAKER (ADDRESS)

Quirk & Tobin Co.
20 W. Kansas

20. FILED

2-12-1936 M. M. Crowe, Reg. Ar.

MEDICAL CERTIFICATE OF DEATH

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

2-1 1937

22. I HEREBY CERTIFY, That I attended deceased from

1-2 1937 to 2-1 1937I last saw him alive on 2-1 1937 Death is saidto have occurred on the date stated above, at 5:40 pm

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

Enterema - cirrhosis of liver
Not traumatic or tuberculous

Date of onset

Other contributory causes of importance:

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) P. J. DeMama, M. D.(Address) Supt. K. C. Gen. Hosp.
K. C. 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.

