OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No. 33831
Township ~~Fulton~~ — Primary Registration District No. 3008 2 — Registered No. 223
City Fulton (No. ..... , ... St. ..... Ward)

2. FULL NAME Aquilla Bryant
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1895

7. AGE: YEARS 41 — MONTHS 11 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Gipson Potts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

MOTHER
15. MAIDEN NAME Elizabeth Iles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lousiana

17. INFORMANT (ADDRESS) W. R. Bryant, Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmyra, Mo. DATE Sept 21 1937

19. UNDERTAKER (ADDRESS) L. G. Wallace, Fulton, Mo.

20. FILED Sept. 21 1937 R. N. Creus, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 p.m. Sept 20, 1937, to 11 p.m. Sept 20, 1937
I last saw her alive on Sept 20 9:30 p.m., 1937. Death is said to have occurred on the date stated above, at 11:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-Dural Hemmorrhage R. Parietal	Unknown
Non-Traumatic	

Other contributory causes of importance: Insanity 82a

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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. G. Hall Coroner Callaway Co., M. D.
(Address) Fulton 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.