

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Primit
City Leo Summit (No. _____ St. _____ Ward)

Registration District No. 400
Primary Registration District No. 4235

File No. 37868
Registered No. 175

2. FULL NAME Sarah A. Bryan

(a) Residence, No. Leo Summit, Mo. St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. J. D. Bryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1855

7. AGE YEARS MONTHS 82 3 4 If LESS than 1 day, _____ hrs. or _____ min.

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

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 all occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee County Va.

13. NAME Rev Joseph Perry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co. Va.

15. MAIDEN NAME Jane Ayers Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica N.Y.

17. INFORMANT Mrs. Esther Reed (ADDRESS) Leo Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL Louisburg Kan. DATE Nov. 2 - 1937

19. UNDERTAKER W. B. Langford (ADDRESS) Leo Summit Mo.

20. FILE Oct 17 1937 Registrar William J. Miller

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to October 31, 1937

I last saw him alive on Oct 31, 1937 Death is said to have occurred on the date stated above, at 3:10 P.M.

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

Hypostatic Pneumonia
Myocarditis - Chronic

Date of onset 10/29/37
1937

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____

(Signed) Clint L. Miller, M. D.

(Address) Leo Summit Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY INFORMATION should be carefully supplied.

