

REC'D AUG 26 1938

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

26393
Do not use this space.

1. PLACE OF DEATH ²
 (a) County St. Francois Registration District No. 773
 (b) Township _____ Primary Registration District No. 4469 Registered No. 86
 (c) City Farmington (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Phyllis D Bryant 653
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE W.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 - 1938
 7. AGE YEARS 2 MONTHS 2 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) Farmington 0
St. Francois, Mo.
 FATHER 13. NAME Thos. B. Bryant 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Archie 0
Mad. Co. Mo.
 MOTHER 15. MAIDEN NAME Sarah Jane Dendrete 0
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoxtown 0
Cedar Co. Mo.
 17. INFORMANT (ADDRESS) Thos. B. Bryant
Farmington Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE APB, at Farmington DATE June 23 1938
 19. FUNERAL DIRECTOR Farmington Board Co.
 (ADDRESS) _____
 20. FILED July 5 1938 B. J. Robinson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1938
 22. I HEREBY CERTIFY that I attended deceased from April 12 1938, to June 22 1938.
 I last saw her alive on June 21st, 1938. 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:
Congenital Heart Disease Date of onset _____
157
 Other contributory causes of importance: Cyanosis from birth -
systemic basal thrombosis
 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? _____
 If so, specify no.
 (Signed) Geo. H. Wathens, M. D.
 (Address) 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....
L. E.

No:.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)