REC'D SEP 13 1938

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

27968
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Raw Primary Registration District No. 1002 Registered No. 3279
(c) City Kansas City (d) Street No. 5613 E. 36 Ter. 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 Jessie Bryant 653
(a) Residence, No. 5613 E. 36 Terrace St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-22-1909
7. AGE YEARS 29 MONTHS 0 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter (Unemp)
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) Cherryville Kans.

FATHER
13. NAME Frank Bryant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn.

MOTHER
15. MAIDEN NAME Blanche Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn.

17. INFORMANT (ADDRESS) Joseph Johnson 830 E 8th 2nd floor
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln DATE 8-19 1938
19. FUNERAL DIRECTOR (ADDRESS) Adkins Bros. 2000 E. 12th
20. FILED Aug 19, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 6:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Pneumonia	
Disseminated Tbc	
22 A	

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? 4
If so, specify .....
(Signed) Russell W. Lenz, M. D.
(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. .....

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

..... I. E. .....

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

working under my personal supervision.

Signed Edw. Evans

Licensed Embalmer No. 3836

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.)