

NOV 27 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

2 CERTIFICATE OF DEATH

Do not use this space.

36906

56

1. PLACE OF DEATH

77 County Saline Registration District No. 795  
 Township Grand Ave Primary Registration District No. 447 1/2  
 City Malla Bend St. \_\_\_\_\_ Ward)

2. FULL NAME

Robert Ray Bryan  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 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) Malla Bend Missouri

13. NAME Samuel H. Bryan

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

15. MAIDEN NAME Samuel M. De M...

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

17. INFORMANT (ADDRESS) Mrs. P. P. Bryan Malla Bend Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Malla Bend DATE Oct 15, 1938

19. UNDERTAKER (ADDRESS) Samuel H. Bryan Malla Bend Mo

20. FILED 10-15-38 Raymond Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1938 to Oct. 13, 1938  
 I last saw him alive on Oct. 13, 1938 Death is said to have occurred on the date stated above, at 7:20 p.m.

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

Coronary Occlusion Date of onset 10-13-38

Other contributory causes of importance:

Arteriosclerosis

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:  
 Cause, 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) Leburn E. Ellis, M. D.  
 (Address) Sweet Springs, 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.

RECEIVED  
Chief Health Officer No. 8  
District File Number 11/10/38  
Date Filed