

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.

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

40056  
Do not use this space.

REC'D DEC 22 1938

1. PLACE OF DEATH  
 (a) County Pike Registration District No. 689  
 (b) Township Buffalo Primary Registration District No. 3033 Registered No. \_\_\_\_\_  
 (c) City Louisiana (d) Street No. Pike County Hospital 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isaac Newton Bryson  
 (a) Residence, No. 321 N 3 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Minor Bryson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 13, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 ~~25~~ 10 24

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Editor  
 9. Industry or business in which work was done, as saw mill, bank, etc. Newspaper  
 10. Date deceased last worked at this occupation (month and year) 11/3/38 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Missouri

FATHER  
 13. NAME Isaac Newton Bryson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER  
 15. MAIDEN NAME Elizabeth Baird  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Missouri

17. INFORMANT Jan Bryson (ADDRESS) Louisiana, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Vine DATE 11/9 1938

19. FUNERAL DIRECTOR (NAME) W. G. Suter (ADDRESS) Louisiana, Mo

20. FILED 11/8 1938 J. H. Suter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1938, to Nov. 7, 1938  
 I last saw him alive on 11-7-38, 1938. Death is said to have occurred on the date stated above, at 6:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Hypostatic Pneumonia Date of onset 11-6-38  
Fractured nose 11/4/38  
Cerebral Concussion 11/4/38  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 11-4-1938  
 Where did injury occur? on public street in (Specify city or town, county, and State) Missouri, Mo  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury see contributory above  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) R. H. Audrae M. D.  
 (Address) Louisiana, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-722

Date Filed 2/17/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Harold Garner

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

Harold Garner

Licensed Embalmer No. 3720

P. O. Address 821 N. Carolina St

**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.)**

**If this body is not embalmed, above space should be left blank.**