Dr Black.

REC'D JAN 25 1939

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

43389
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Joplin
Registration District No. 411
Primary Registration District No. 2002
Registered No.
(d) Street No. 1604 Iowa 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 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
653

2. PRINT FULL NAME Anna Edith Bryant
(a) Residence, No. 1604 Iowa 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced
5A. IF ~~MARRIED, WIDOWED, OR~~ DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Albert Bryant.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 2. 1900
7. AGE: Years 38 | Months 11 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: at home
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): Newton County Missouri

FATHER
13. NAME: Alex Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edinburgh Scotland

MOTHER
15. MAIDEN NAME: Rachel J Austin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austin Texas

17. INFORMANT: Rachel Scott
(ADDRESS) 1604 Iowa. Joplin

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Hornet Cem. DATE Dec 12, 1938

19. FUNERAL DIRECTOR (NAME) Langhen Mortuary
(ADDRESS) Joplin Mo.

20. FILED 12-12, 1938 E. D. James
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/30/38, 19..., to 12/9, 1938
I last saw her alive on 12/9/38, 19..... Death is said to have occurred on the date stated above, at 5:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1933

23

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Lab + x-ray 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) Freeman H Black, M. D.
(Address) Friars Bldg - Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH INDELIBLE INK. THIS IS A PERMANENT RECORD

I X14028

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, Allen E. Lanpher, or by _____,

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

Signed Allen E. Lanpher

Licensed Embalmer No. 3574

P. O. Address Joplin Mo.

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.