

1938 JAN 6 1938

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

44656  
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard 2 Registration District No. 837  
(b) Township Castor 1 Primary Registration District No. 4508 Registered No. \_\_\_\_\_  
(c) City Bloomfield (d) Street No. \_\_\_\_\_  
(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 George W. Bryant

(a) Residence, No. Bloomfield, Mo. 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF Cora Bryant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1877

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.  
61 9 5

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Farmer  
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) Dent County, Mo. 0

FATHER 13. NAME James Richard Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

MOTHER 15. MAIDEN NAME Mary Farris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT (ADDRESS) Mrs. Cora Bryant  
Bloomfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove Cem. 12-29-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chiles Undertaking  
Bloomfield, Missouri

20. FILED Dec. 31, 1938 Loonie Turch  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1938

22. I, HEREBY CERTIFY, That I attended deceased from Dec. 10, 1938 to Dec. 27, 1938  
I last saw her alive on Dec. 27, 1938. Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:

Multiple Maline Carcinoma  
Primary Lesion Parathyroid gland  
Other contributory causes of importance: 53  
Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Lab. 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  
Goa, specify S. S. Harris, M. D.  
(Signed) \_\_\_\_\_ (Address) Hunter no

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

**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, Howard

Cooper, or by \_\_\_\_\_

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

Signed Howard Cooper

Licensed Embalmer No. 3996

P. O. Address Bloomfield, Missouri

**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.**