

REC'D FEB 21 1939

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

2592  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400  
 (b) Township Prairie Primary Registration District No. 5553B  
 (c) City Little Blue Mo. (d) Street No. Jackson Co Home St.  
 (e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie Bryant

(a) Residence, No. \_\_\_\_\_ 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 75  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. unemployed  
 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) Missouri

FATHER 13. NAME Don't know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) County Home Records Little Blue Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn Cemetery 1-13-39

19. FUNERAL DIRECTOR (ADDRESS) Thygeson & Greenstreet 1000

20. FILE NO. Jan 14 1939 William J. Fields Local Registrar.

MEDICAL CERTIFICATE OF DEATH 7:30 PM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-39 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1939 to Jan 12 - 1939  
 I last saw him alive on Jan 12 - 1939 Death is said to have occurred on the date stated above, at 7:30 PM  
 The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous nephritis  
 Other contributory causes of importance: 121  
Thrombosis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Thyroid 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? \_\_\_\_\_  
 If so, specify L.W. Booker M. D.  
 (Signed) \_\_\_\_\_ (Address) 2028 Vine St.

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.

**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, .....

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

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

Signed

*Edw G Evans*

Licensed Embalmer No. *3036*

P. O. Address *1819 E 15th St J674*

**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.**