N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should str
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

REC'D MAR 17 1939

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

7320
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid Registration District No. 603
(b) Township West Primary Registration District No. 5707 Registered No.
(c) City Morehouse (d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 653 Loretta Bryant
(a) Residence, No. 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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27, 1938
7. AGE YEARS MONTHS 4 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

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.
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) Morehouse Mo.

FATHER
13. NAME Dick Bryant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Tenn

MOTHER
15. MAIDEN NAME Elizabeth St. John
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Ky

17. INFORMANT (ADDRESS) Mattie Bryant Morehouse Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston Mo DATE 1-22-39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albritton Und. Co. Sikeston Mo.
20. FILED, 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH 39

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1938, to Jan 5, 1939
I last saw him alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 4:15 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	

Other contributory causes of importance: none

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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
(Signed) [signature], M. D.
(Address) Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

7320
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid Registration District No. 603
(b) Township West Primary Registration District No. 3797 Registered No.
(c) City (d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Loretta Bryant
(a) Residence, No. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-27-1938
7. AGE YEARS MONTHS 4 DAYS 25 If LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Morehouse (STATE OR COUNTRY) Mo

FATHER
13. NAME Dick Bryant
14. BIRTHPLACE (CITY OR TOWN) Clarksville (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Elizabeth A. John
16. BIRTHPLACE (CITY OR TOWN) Lafayette (STATE OR COUNTRY) Ky

17. INFORMANT Mattie Bryant (ADDRESS) Morehouse Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Silverton Mo. DATE 1-22 1939
19. FUNERAL DIRECTOR Albritton Undt (ADDRESS) Sikeston Mo.
20. FILED May 30 1939 Mrs. John Parrish Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1938 to 1-3-, 1939
I last saw h alive on 1-3-, 1939. Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
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Other contributory causes of importance: None
unable to assimilate food

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy?

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
(Signed) G. H. H. Powell, M. D.
(Address) Sikeston Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.