

1939 APR 15 1939

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

11010
Do not use this space.

1. PLACE OF DEATH
 (a) County Howell Registration District No. 384
 (b) Township West Plains Primary Registration District No. 4227 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. 1 mos. 18 (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Martha Sue Bryant
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2, 1939
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
1 18

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) West Plains, Mo. (STATE OR COUNTRY)

FATHER
 13. NAME Walter Bryant
 14. BIRTHPLACE (CITY OR TOWN) Cabool (STATE OR COUNTRY) Texas Co., Mo.

MOTHER
 15. MAIDEN NAME Myrtle Preston
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County, Mo.

17. INFORMANT Mrs. Walter Bryant (ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Plains, Mo. DATE Feb. 21, 1939

19. FUNERAL DIRECTOR Robertsons' Mortuary (ADDRESS) West Plains, Mo.

20. FILED 2-21, 1939 Vida W. SIMONS Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1939 to Feb. 18, 1939
 I last saw er alive on Feb. 18, 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 2/16/39

Other contributory causes of importance: Congenital syphilis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam. 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 _____ (Signed) E. Rose Bohner, M. D.
 (Address) West Plains, Mo.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 1
 50M-C-70-37
 I X12004

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, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by..... Registered Apprentice No.....
working under my personal supervision.
Signed.....

Licensed Embalmer No.....

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.)