

APR 18 1940

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

11608
Do not use this space.

1. PLACE OF DEATH
 (a) County Livingston Registration District No. 5-14
 (b) Township Andrew Primary Registration District No. 3-6-8-3
 (c) City Andrew or (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 THOMAS A BRYAN
 (a) Residence, No. Andrew 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 Donella Bryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1897

7. AGE YEARS MONTHS DAY If LESS than 1 day,hrs. ormin.
42 6 17 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation Always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callwell Co

FATHER 13. NAME T. R. Bryan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston

MOTHER 15. MAIDEN NAME Laura J.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co.

17. INFORMANT (ADDRESS) Donella Bryan

18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe DATE March 29, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) B. F. Mead
Brad Ave

20. FILED 2-27- 1940 Geeta J. Currier
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939, to March 27 1940
 last saw him.. alive on March 27 1940 Death is said to have occurred on the date stated above, at 2 P. M.
 The principal cause of death and related causes of importance were as follows:
Nephritis chronic
and dilatation of Aorta
 Date of onset 1938

Other contributory causes of importance: 181

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chis 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) Geo. Morse M. D.
Andrew Mo
 (Address) 6136

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 UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 11,
District File Number 440-514
Date Filed APR 12 1940

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 comply with the above constitutes grounds for revocation of license.)

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