

REC AUG 23 1940

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

26096
Do not use this space.

1. PLACE OF DEATH 2

(a) County Ray Registration District No. 734

(b) Township 0 Primary Registration District No. 3035 Registered No. 69

(c) City Richmond (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da. 5-16

2. PRINT FULL NAME John R. Bryce

(a) Residence, No. 1211 - Trumbull 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)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 - 1940

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<u>5</u>	<u>16</u>	

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) Richmond Mo
(STATE OR COUNTRY) Ray County

FATHER

13. NAME John Bryce 4

14. BIRTHPLACE (CITY OR TOWN) Arundale
(STATE OR COUNTRY) Scotland 0

MOTHER

15. MAIDEN NAME Helen Gregory

16. BIRTHPLACE (CITY OR TOWN) Sedalia Mo.
(STATE OR COUNTRY)

17. INFORMANT John Bryce
(ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dung Slope DATE July - 17 - 1940

19. FUNERAL DIRECTOR (NAME) E. Thurman
(ADDRESS) Richmond Mo.

20. FILED July 17 1940 Malcolm Jackson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 16 - 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-30-40, 19____, to July 15, 1940

I last saw him alive on 7-15-40, 19____. Death is said to have occurred on the date stated above, at 9-12 a.m.

The principal cause of death and related causes of importance were as follows:

Spina bifida

Secondary infection

Other contributory causes of importance: _____

Name of operation: none Date of _____

What test confirmed diagnosis? P. Ex 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) H. M. Griffith, M. D.
(Address) Richmond Mo

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-13-40

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 *E. J. Hummer*
Licensed Embalmer No. 9043
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.