

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

Do not use this space.

29051

**1. PLACE OF DEATH**

County Barren Registration District No. 29  
 Township Staterud Primary Registration District No. 4021  
 City (No. 5038) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 41

**2. FULL NAME**

John William Bryant  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-4-1884  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 11 1  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alton  
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER \_\_\_\_\_  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 12. MAIDEN NAME OF MOTHER Don't know  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Roy Bryant  
 (Address) Barrenville, Mo.

15. FILED Nov 1 1930 Mrs. R. Williams  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/5 1930  
 17. I HEREBY CERTIFY, That I attended deceased from 5-1-30 to 9/5, 1930 that I last saw h. m alive on 9-3/4, 1930, and that death occurred, on the date stated above, at 8:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bright's disease  
131  
162 (duration) 1 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) age (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED 1290  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no.  
 WHAT TEST CONFIRMED DIAGNOSIS clinical  
 (Signed) [Signature] M. D.  
 , 19 (Address) Cassville, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL 9-5 1930  
 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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.

