

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

Do not use this space.

36035
253

1. PLACE OF DEATH
 County Colo. Registration District No. 213
 Township Jefferson City Primary Registration District No. 304
 City Jefferson City (No.) St. Ward)
 2. FULL NAME Melle Elizabeth Bryan
 (a) Residence, No. California Mo. 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bert R Bryan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 2-1889</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u> </u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montrose Co. Mo.</u>		
MOTHER	13. NAME <u>John S Coats</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Nancy Mahoney</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Bert R Bryan</u> (ADDRESS) <u>California Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>California Mo.</u> DATE <u>Nov 17 1933</u>		
19. UNDERTAKER <u>William & Friedmeyer</u> (ADDRESS) <u>California Mo.</u>		
20. FILED <u>11/28/33</u> <u>B. B. Bradford</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1933 to Nov 15 1933
 I last saw her alive on Nov 15 1933. Death is said to have occurred on the date stated above, at 11:38 am.
 The principal cause of death and related causes of importance were as follows:
46c
Diarrhea
Stomach disorder
 Date of onset 6 months
 Other contributory causes of importance:
Cancer sigmoid
 Name of operation Colostomy Date of 4/9/33
 What test confirmed diagnosis? 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? no
 If so, specify
 (Signed) M. B. Bradford, M. D.
 (Address) Jefferson City Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 4 1934
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