

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

Do not use this space.

10087

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. Mo Baptist Sanitarium St.                      Ward                     )

File No.                       
 Registered No. **2668**

**2. FULL NAME**

Annie E. Ryan  
 (a) Residence. No. 4718 Kensington Pl. St. 12 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF J. E. Ryan  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Union mo 1855  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min. abv 72 - -  
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work at Home  
 (b) General nature of industry, business, or establishment in which employed (or employer)                       
 (c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) La.  
 (STATE OR COUNTRY)

**PARENTS**  
 10. NAME OF FATHER Peter Delaney  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 12. MAIDEN NAME OF MOTHER Bessie Delaney  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Floyd Bush  
 (Address) 4333 Laclede

15. FILED MAR 13 1921 May C. Stark off  
 19                      REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-17 1921  
 I HEREBY CERTIFY That I attended deceased from 15-17 to 17-17 1921  
Laura that I last saw him alive on Mar 16 1921 and that death occurred, on the date stated above, at 330 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar pneumonia  
10 1/2  
9 1/2 (duration) yrs. mos. da. 3  
10 1/2  
 CONTRIBUTORY (SECONDARY) Arterio Sclerosis & Pathology  
from Tuberculosis (duration) 15 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: No

19. DID AN OPERATION PRECEDE DEATH: No DATE OF                     

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed)                      M. D.  
17 1921 (Address) 1537 No Grand

\*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 3-19 1921

20. UNDERTAKER                      ADDRESS 2039 Wash St  
Arthur J. Donnelly

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.

Dr. Urban

1537 S. Grand -

Since 1867 1-3.