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

Do not use this space.

24236

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kans — Primary Registration District No. 1002
City K. C. (No. Hotel Alcazar St. Ward)
File No.
Registered No. 3015

2. FULL NAME Mrs. Mary S Ryan
(a) Residence. No. Hotel Alcazar St., 7 Ward.
(Usual place of abode) 3 Bath
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Timothy Ryan
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7th 1854
7. AGE Years 72 Months 8 Days 24 If LESS than 1 day, ... hrs. or ..... min.
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) Syracuse
(STATE OR COUNTRY) N.Y.

PARENTS
10. NAME OF FATHER Wm B Strang
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Catherine Fleming
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Mrs D. E. Broderick
(Address) Alcazar Hotel
15. FILED 8/1 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1927
17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Aug 1, 1927 that I last saw her alive on Aug 1, 1927, and that death occurred, on the date stated above, at 3 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
8 A apoplexy
10 A
7 H A 1 (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Higher Blood Pressure
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
C DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
8/1 (Signed) George H Moreland, M. D
, 1927 (Address) 630 Argyle Bldg

*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 Mt Mary Cem
DATE OF BURIAL Aug 2 1927
20. UNDERTAKER W F Mayberry
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.