

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

Do not use this space.

17088

1. PLACE OF DEATH

County Jackson
Township Haw
City Kansas City (No. Kansas City Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 2058
Registered No. 2058
St. Gen Hosp Ward

2. FULL NAME

Ryan, William
(a) Residence. No. 201 W. 16th St. 3 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city of, town where death occurred 8 yrs. 3 mos. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15/1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>1</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labour 530 E 10th St
(b) General nature of industry, business, or establishment in which employed (or employer) 1150
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Phila Pa.
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Reverend Clerk
(Address) K.C. General Hosp.

15. May 8 28 1928
Wm Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-7 1928

17. I HEREBY CERTIFY That I attended deceased from 5-5, 1928 to 5-7, 1928 that I last saw him alive on 5-7, 1928, and that death occurred, on the date stated above, at 5:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Terminal Bronchopneumonia
Chronic Myocarditis

CONTRIBUTORY Suppurative Glomerulonephritis
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 9015
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P.E. Williams, M.D.
5-9, 1928 (Address) Supt K.C. Gen. Hosp

*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 Riverview, Mo. DATE OF BURIAL 5/8 1928

20. UNDERTAKER J.P. Darnell Co. ADDRESS 8742 Main

WRITE IN INK. 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.

