

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Waver
City W. C. Mo., General Dept.

Registration District No. 399
Primary Registration District No. 1002

File No. 23856
Registered No. 2082
St. _____ Ward _____

2. FULL NAME

Dennie P. Ryan
(a) Residence, No. 2522 Prospect 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 W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13-85

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 | 1 | 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Neenah
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Patrick Ryan

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

12. MAIDEN NAME OF MOTHER Ida Cury

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

14. INFORMANT Vernia Ryan
(Address) 2522 Prospect

15. July 11, 1928 M. M. Corne Reg. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Accidental fracture of cervical vertebra with paralysis.

CONTRIBUTORY (SECONDARY) Living in suspended state

18. WHERE WAS DISEASE CONTRACTED 202

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination of kidneys

(Signed) Herb G. Gough M.D.

7/11, 1928 (Address) Deputy coroner

*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 St. Hope C. N. C. N. DATE OF BURIAL July 13 1928

20. UNDERTAKER Frank Gehring ADDRESS N. C. N.

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.

