

DEC 31 1928

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

Do not use this space.

36741

1. PLACE OF DEATH

County Howell  
Township Powell  
City West Plains (No. ...., St. .... Ward)

Registration District No. 384  
Primary Registration District No. 4777

File No. 109  
Registered No. ....

2. FULL NAME William H. Ryder

(a) Residence. No. .... St. .... Ward. Mountain View, Mo.  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15 - 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 11 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) General Farming  
(c) Name of employer Himself

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

10. NAME OF FATHER Mrs. Adam Ryder

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

12. MAIDEN NAME OF MOTHER Mrs. Case

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

14. INFORMANT W. Ryder  
(Address) Mtn View Mo

15. FILED 11-15-28 O.P.A. Seimich  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 12th, 28

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart Trouble

I, George Halstead, Acting Coroner, of Howell County, Missouri, viewed the body and find this was the cause of his death. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Insufficiency (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) George Halstead

11-15-28 (Address) Acting Coroner, of Howell County, Missouri

\*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 Mtn View Mo DATE OF BURIAL 11/14 1928

20. UNDERTAKER J.F. Duncan ADDRESS Mtn View Mo

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.

