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

Do not use this space.

1638

1. PLACE OF DEATH U.S.V.Hosp. #67 — Registration District No. 399
County Jackson — Primary Registration District No. 1002 — File No. — Registered No. 2220
Township Cau
City Kansas City, Mo. (No. U. S. Veterans Hosp St. — Ward)

2. FULL NAME RYBERG, Arthur Levi — C-594 361 WOE
(a) Residence. No. White River, S Dakota. St., Ward. Pvt Co L 319th Inf.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	32	7	12	

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)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records.
(Address) K C Mo

15. FILED 1-16 19 29 M. M. Evans Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 15 19 29

17. I HEREBY CERTIFY, That I attended deceased from May 4, 19 28, to January 15, 1929
that I last saw him alive on January 15, 19 29, and that death occurred, on the date stated above, at 8:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Actinomycosis of right lung, pleura and chest wall
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Autopsy

(Signed) W.E.Chambers, M.D
W.E.Chambers, Medical Officer in Charge
U.S.V.Hospital, Kansas City, Mo.

*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 — Udall Mo — DATE OF BURIAL 1/16/29
20. UNDERTAKER — The Taylor Funeral Home Inc — ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.