

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

13609

File No. ....

Registered No. 80

**PLACE OF DEATH**

County Wagon

Registration District No. 875

Township Washington

Primary Registration District No. 6162

City .....

(No. ....)

St. .... Ward

**2. FULL NAME**

Robert Kenneth Ryan

(a) Residence No. 1503 - 2nd St. Rosedale Ward Rosedale, Mo.

(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

wh.

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)

DK

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

18

DK

DK

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Cashion

(STATE OR COUNTRY)

Okla.

10. NAME OF FATHER

Robt. P. Ryan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Edwards

(STATE OR COUNTRY)

Spang, Mo.

12. MAIDEN NAME OF MOTHER

Ollie May Finley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Hedrick, Mo.

(STATE OR COUNTRY)

Mo

14.

INFORMANT

Bernice Ryan

(Address) 1503 - 2nd St. Rosedale, Mo.

15.

FILED

4/20/29 E. P. King

REGISTRAR

**4 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 . 8<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9<sup>th</sup> 1929, to Mar. 8<sup>th</sup> 1929, that I last saw h.i.m. alive on March 8<sup>th</sup> 1929, and that death occurred, on the date stated above, at 9 - P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza with complicating cellulitis of face

118 (duration) yrs. mos. 30 da.

CONTRIBUTORY (SECONDARY) Thyroid & pituitary dysfunction (duration) 15 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 Did AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS

Symptomatic

(Signed) Scott P. Child, M. D.

3/19/29, 1929 (Address) State Hospital #3

\*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

DATE OF BURIAL

Rosedale Kans.

Mar. 9 1929

20. UNDERTAKER

ADDRESS

Hay & Funeral Service Nevada 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.

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1

29 1929

