

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

Do not use this space

85

27001

1. PLACE OF DEATH

County Bureau

Registration District No. 1001

File No. 959

Township St. Joseph Mo.

Registration District No. 1001

Registered No. 959

City St. Joseph Mo. (No. State Hospital #2)

State Mo. Ward 2

St. Mo. Ward 2

2. FULL NAME

Gamelia Ryan

(a) Residence. No. State Hosp #2 St. Joseph Mo. (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 2 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Not Known

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

June 24, 1856

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
73	1	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inmate State Hosp.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Illness

(STATE OR COUNTRY)

10. NAME OF FATHER

Jos. Duboy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

France

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Annis Verdrey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Illinois

(STATE OR COUNTRY)

14.

INFORMANT Hosp. Records
 (Address) State Hosp #2, St. Joseph, Missouri

15.

John J. [Signature]
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1929

17. I HEREBY CERTIFY, That I attended deceased from April 15
1929, to August 9, 1929
 that I last saw her alive on August 19, 1929, and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
97
16 1/2 (duration) 12 mos. 18 ds.

CONTRIBUTORY Arterio Sclerosis
 (SECONDARY) (duration) 24 mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Jackson County Missouri

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinal Findings
 (Signed) George W. [Signature] M.D.

Aug 9, 1929 (Address) State Hosp #2 St. Joseph, 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 Kansas City Mo **DATE OF BURIAL** Aug 13 1929

20. UNDERTAKER Heeman Funeral Home Inc ADDRESS 1446 Colburn

AUG 12 1929

