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

Do not use this space.

41741

1. PLACE OF DEATH
County Pulaski — Registration District No. 711 — File No. 19
Township Union — Primary Registration District No. 15940 — Registered No. 23
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary E. Ryther
(a) Residence. No. ..... St., ..... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-13-1853

7. AGE: YEARS 76 — MONTHS 4 — DAYS 14 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 125
(b) General nature of industry, business, or establishment in which employed (or employer) 12
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo-

PARENTS
10. NAME OF FATHER James M. Baker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo-
12. MAIDEN NAME OF MOTHER Martha Etrid.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Va-

14. INFORMANT M. A. Null
(Address) Dixon Mo.

15. FILED 12-9, 1929 A S Lick REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-7- 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1929, to Dec 7, 1929, that I last saw her alive on Dec 6, 1929, and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ulceration of Gall Bladder & Abscess of Liver
..... (duration) ..... yrs. 1 mos. 27 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Geo von Gremp, M. D.
, 19 (Address) Dixon 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: Seaton — DATE OF BURIAL: 12/8 1929

20. UNDERTAKER: Fred H Gelberg — ADDRESS: Dixon Mo

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

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.