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.

JAN 19 1931

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

Do not use this space.

38409

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 184
City Kirksville (No. ..... St. ..... Ward)

2. FULL NAME Mary Spry
(a) Residence. No. 1101 East Normal 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: F
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: John Spry.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-8-1940

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
90	10	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Rit'd. Housewife
(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): Ireland

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

14. INFORMANT: Mrs. W. L. Monark
(Address) 1101 E. Normal Kirksville

15. FILED 12/27, 1930 Mrs C H Becker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-19- 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930 to Dec 19, 1930 that I last saw her alive on Dec 18, 1930 and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Apoplexy

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis

(duration) 2 yrs. ✓ mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: her home
DID AN OPERATION PRECEDE DEATH? no DATE OF — —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) John F Dodson, M. D.
, 19 (Address) Kirksville 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~~: Greentop — DATE OF BURIAL: 12-21-1930

20. UNDERTAKER: Dee Riley — ADDRESS: Kirksville