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.

JUL 22 1931

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

20656

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No.
City St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Johanna Ryan
(a) Residence. No. Gallatin Mo. St., Ward. Gallatin Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 13 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)
female	white	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF William Ryan Not-Known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
75	3	18	

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

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Kansas Illinois

PARENTS
10. NAME OF FATHER James Ryan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Not Known Ireland
12. MAIDEN NAME OF MOTHER Mary Flynn Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Orleans Not Known
(STATE OR COUNTRY) Not Known Louisana

14. INFORMANT Hosp. Records
(Address) State Hosp. #2 St. Joseph Mo.

15. FILED 6-27, 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1931

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1931, to June 25, 1931 that I last saw her alive on June 25, 1931, and that death occurred, on the date stated above, at 1:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
93 C
82 A
(duration) Seven yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH Gallatin Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) George W. Forman M. D.
June 25, 1931 (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	DATE OF BURIAL
Mt. Olivet Cemetery	June 27 1931
20. UNDERTAKER	ADDRESS
H. O. Sidenfaden	1802 Union St