

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

Do not use this space.

18035

**1. PLACE OF DEATH**

County Jackson  
Township Gray  
City Kansas City (No. 45 C General Hosp)

Registration District No. 351  
Primary Registration District No. 100

File No. \_\_\_\_\_  
Registered No. 1814  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 29367 Helmes St. Ward. 3

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 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) Nov. 18, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller 64

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Scott 2  
Kansas

FATHER 13. NAME James P. Ryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Mary E. Frauent

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Record Clerk  
45 C General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Acacia Mo. DATE 5-3-1932

19. UNDERTAKER (ADDRESS) Geo. H. Long  
45 C. Hosp

20. FILED May 2, 1932 M. M. Crowe  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1932

22. I HEREBY CERTIFY That I attended deceased from April 4, 1932 to May 1, 1932  
I last saw him alive on May 1, 1932 Death is said to have occurred on the date stated above, at 8:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Memia Date of onset \_\_\_\_\_  
137 1/2  
137 1/2  
Other contributory causes of importance: hypertrophical prostate

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) P. S. Williams, M. D.  
(Address) Supt. K. C. Gen. Hosp. K. C. 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.

MAXIMUM RESERVED FOR BINDING

V. 3, NO. 2.

