

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

Do not use this space.

28774

**1. PLACE OF DEATH**

24 County Clay Registration District No. 198  
2 Township Fishing River Primary Registration District No. 3011  
4 City Excelsior Springs, Mo. (No. Veterans Hospital)

File No. \_\_\_\_\_  
Registered No. 113 St. 3rd Ward

**2. FULL NAME** RYAN, Robert

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. Dresden, Kansas  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widower</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>unknown</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb. 26 1876</b>		
7. AGE YEARS <b>56</b>	MONTHS <b>6</b>	DAYS <b>6</b>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>cook 231</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>unknown</b>
	10. Date deceased last worked at this occupation (month and year) <b>unknown</b>
	11. Total time (years) spent in this occupation. <b>unknown</b>

12. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 15

13. NAME Jeff Ryan

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

15. MAIDEN NAME Nora - maiden name unknown

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

17. INFORMANT Veterans Hospital Records (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs, Mo. 9-4-32 19

19. UNDERTAKER John C. Grather (ADDRESS) Excelsior Springs, Mo.

20. FILED SM 3 1932 J. D. Craven Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, 19, to Sept. 1, 1932, 19

I last saw him alive on Sept. 1, 1932, 19. Death is said to have occurred on the date stated above, at 6:50 pm

The principal cause of death and related causes of importance were as follows:

**Cardiac decompensation**

Date of onset

Other contributory causes of importance:  
**Aortic insufficiency**  
**Double mitral; Myocarditis;**  
**Hypertrophy of heart**

Name of operation none Exam. & Obs. yes Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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 unknown  
(Signed) Samuel J. Hus, M. D.  
(Address) Excelsior Springs, 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.

OCT 25 1932

