

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 23  
 City St. Louis Mo (No. City Hospital #2)

File No. 21784  
 Registered No. 5594  
 St. .... Ward

**2. FULL NAME**

(a) Residence, No. 31 16 School St. 21 Ward.

(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 Male  
 4. COLOR OR RACE Col  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
54 5 11

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer  
 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) Ark

MOTHER FATHER  
 13. NAME James W. Ryan

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

15. MAIDEN NAME Hessie Malloy

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

17. INFORMANT A. G. Thompson (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 1-10-1933

19. UNDERTAKER Walter Richter (ADDRESS) 2500 Budge St

20. FILED 1-11-1933 J. J. Sedwick Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-1933  
 22. I HEREBY CERTIFY, That I attended deceased from 5-5, 1933, to 6-6, 1933  
 I last saw him alive on 6-6, 1933 Death is said to have occurred on the date stated above, at 10 m.  
 The principal cause of death and related causes of importance were as follows:  
23A

Date of onset  
Pulmonary Tuberculosis  
 Other contributory causes of importance: 23

8  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? the Lab 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 Credentialed (Signed) City Hospital #2, M. D.  
 (Address) City Hospital #2

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.

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