

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

*Tracer*  
Do not use this space.

27272

**1. PLACE OF DEATH**

County Peters Registration District No. 668  
Township Subalia Primary Registration District No. 3032  
City Subalia No. 402 E 13 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 194  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 402 E 13 St., \_\_\_\_\_ 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 MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Ryan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1850  
7. AGE YEARS 83 MONTHS 5 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. At Home  
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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1933  
22. I HEREBY CERTIFY That I attended deceased from July 28 to Aug 1, 1933.  
I last saw him alive on Aug 5, 1933. Death is said to have occurred on the date stated above, at 8 a. m.  
The principal cause of death and related causes of importance were as follows:  
Arterio-sclerosis  
general  
hypertension  
myo  
syn  
Date of onset 7 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng  
13. NAME John Rust  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng  
15. MAIDEN NAME Eliza Burgess  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng  
17. INFORMANT Mrs. Fred Bishop  
(ADDRESS) Subalia  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lee DATE 8/8/33  
19. UNDERTAKER Missessie T. ...  
(ADDRESS) Subalia  
20. FILED Aug 8, 1933 Jean Slack  
Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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) OB Tracer, M. D.  
(Address) 112 W. 4th St  
Subalia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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