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.

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

Do not use this space.

37028

JAN 4 1934

1. PLACE OF DEATH

County Lawrence — Registration District No. 467 — File No.

Township ~~Aurora~~ — Primary Registration District No. 4280 — Registered No. H 54

City Aurora (No. 404 East Rock St. Ward)

2. FULL NAME Effie Condron Ryker

(a) Residence, No. 404 East Rock St., Ward. (Usual place of abode) (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John S Ryker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13-1864

7. AGE: Years 69 — Months 3 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Hickory County Missouri

FATHER

13. NAME: Henry Woodson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Mary Branstetter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): John S Ryker Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marionville Mo DATE Nov. 11 1933

19. UNDERTAKER (ADDRESS): King Funeral Home Aurora Mo.

20. FILED 12-4 1933 R D Cowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1933, to Nov 10, 1933

I last saw her alive on Nov 6 1933 Death is said to have occurred on the date stated above, at 4.15 A m.

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

Medulant Fever — Date of onset 9 mos

5

71 B

Other contributory causes of importance: Anaemia

Name of operation ✓ Date of

What test confirmed diagnosis? Clin & 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? no

If so, specify ✓

(Signed) J Will Smith, M. D.

(Address) Aurora Mo

~~121 West Pleasant~~