

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. *JF*  
File No. *1865-6*  
Registered No. *5* (circled)  
St. *1* Ward

MAR 24 1934

**1. PLACE OF DEATH**

County *Marion*  
Township *Marion*  
City *Hannibal* (No. *410*, *North Third*)

Registration District No. *547*  
Primary Registration District No. *3079*

File No. *1865-6*  
Registered No. *5*  
St. *1* Ward

**2. FULL NAME**

(a) Residence, No. *410 North Third* St. *1* 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 10*, 19*34*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Late Michael Ryan*

22. I HEREBY CERTIFY That I attended deceased from *1935* to *Jan 10*, 19*34*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 26, 1867*

I last saw her alive on *Jan 10*, 19*34* Death is said to have occurred on the date stated above, at *4:15* p.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *76* *3* *15*

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

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

*Coronary Thrombosis* Date of onset *1-10-34*  
*996*  
*77*  
Other contributory causes of importance: *Arterio Sclerosis* 19*25*

12. BIRTHPLACE (CITY OR TOWN) *County Cork* (STATE OR COUNTRY) *Ireland*

13. NAME *John Fitzgerald*

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

15. MAIDEN NAME *Alice O'Grady*

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

17. INFORMANT *Mrs. Mary Ryan* (ADDRESS) *Hannibal, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Mary Cemetery* DATE *1-13-1934*

19. UNDERTAKER *James J. Donnell* (ADDRESS) *Hannibal Mo.*

20. FILED *Jan 10, 1934* *R. H. Johnson* Registrar.

Name of operation *no* Date of *no*

What test confirmed diagnosis? *no* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury *no*, 19*34*

Where did injury occur? *no* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no*

Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify *no*  
(Signed) *R. H. Johnson* M. D.  
(Address) *Hannibal Mo*

64-1-8  
35-35

