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.

OCT 17 [illegible]

1. PLACE OF DEATH

95 County Ste. Gen. Registration District No. 780 File No. 33939

Township Primary Registration District No. 4466 Registered No. 53

City Ste. Genevieve (No. , St. Ward)

2. FULL NAME Thomas Ryan

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Thuillier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (general)
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) Grosie Du Rocher Illinois

FATHER

13. NAME Daniel Ryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Margaret Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mary E. Ryan Ste Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ste. Genevieve Mo DATE Oct 3 1934

19. UNDERTAKER (ADDRESS) Les C. Basler Ste. Genevieve Mo

20. FILED Oct 1 1934 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to Sept. 30th, 1934

I last saw him alive on Sept. 30, 1934. Death is said to have occurred on the date stated above, at 10 P. m.

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

	Date of onset
Tubercular Gastro Enteritis	July 1 1934
2 3/4	
25	

Other contributory causes of importance:

Pulmonary Tuberculosis	1925

Name of operation Date of

What test confirmed diagnosis? Clinical 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) Arthur E Sexauer M. D.

(Address) Ste Genevieve Mo