

## MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

APR 9 1935

791  
1003

11325

## 1. PLACE OF DEATH

County..... Registration District No. ....  
 Township..... Primary Registration District No. ....  
 City St Louis Mo (No. City, Sanitarium) St. .... Ward) .....

File No. ....  
 Registered No. 2983

## 2. FULL NAME

Annie Ryan  
 (a) Residence, No. 41609 Westminsters, 19 Ward. ....  
 (Usual place of abode) .....

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Ryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about Jan. 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
About 68 2 — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) about Oct 1932 11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown New Jersey

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Harriet P Smith md 5400 Arsenal Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Burial Park DATE April, 1935

19. UNDERTAKER (ADDRESS) Craig Undertaking Co. 4168 Washington Ave.

20. FILED APR 31 1935 J. Brebeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30<sup>th</sup>, 1935

22. I HEREBY CERTIFY That I attended deceased from Oct 29<sup>th</sup>, 1935 to March 30, 1935

I last saw her alive on March 29<sup>th</sup>, 1935 Death is said to have occurred on the date stated above, at 5:35 A.M.

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

Chronic Myocarditis  
Organism of abscess  
unknown  
9:30

Other contributory causes of importance:  
Lung Abscess (R)  
non-traumatic  
arterio-sclerosis  
3/15/35

Name of operation None Date of 3/15/35  
 What test confirmed diagnosis? Chin & PM Was there an autopsy? yes

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 None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? h  
 If so, specify \_\_\_\_\_

(Signed) Harriet P Smith, M. D.  
 (Address) 5400 Arsenal Dr.

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.

