

NOV 21 1935

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

Do not use this space.

32450

1. PLACE OF DEATH

County GreenRegistration District No. 318Township SpringfieldPrimary Registration District No. 5439City Springfield (No. Transient Camp) St. Transient Camp Ward

File No. _____

Registered No. 4852. FULL NAME John L. Ryan(a) Residence, No. Springfield, Mo 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE

YEARS 54MONTHS ✓DAYS 4

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transient9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macomb Missouri13. NAME John Ryan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Transient Bureau Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Macomb, Mo DATE 10/10 3519. UNDERTAKER (ADDRESS) Rayman D. Rappaport Springfield Mo20. FILED 10/10 35 Ralph W. Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 193522. I HEREBY CERTIFY, That I attended deceased from June 25 35 to Oct 1 35I last saw him alive on Oct 1 1935 Death is saidto have occurred on the date stated above, at 3:50 m.

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

Valvular Heart Disease Date of onset _____
He came to Fed Transient Camp Kan
in poor health June 25-35 Mo

Other contributory causes of importance:

Arterio-sclerosis Diap. femurName of operation none

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 no

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Rayman D. Rappaport, M. D.(Address) Springfield Mo

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.

