

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

Do not use this space.

35444

DEC 17 1935

1. PLACE OF DEATH

County Cedar Registration District No. 183 File No. _____
 Township _____ Primary Registration District No. 4095 Registered No. 61
 City Eldorado Springs, (No. _____) St. _____ Ward _____

2. FULL NAME DELLIA E RYAN

(a) Residence, No. _____ 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 James Ryan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 9 18

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) Ill Ills

MOTHER FATHER 13. NAME A.M. Smith

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

MOTHER 15. MAIDEN NAME Sarah Newton

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

17. INFORMANT J.H. Ryan
 (ADDRESS) Eldorado Springs, Mo.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Kitterman cem DATE 11/19/1935

19. UNDERTAKER Gwinn-Siders
 (ADDRESS) Eldorado Springs, Mo.,

20. FILED 11/18/1935 J.H. Dawson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/1935 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 - 1933, to Nov 17 - 1935
 I last saw her alive on Nov 17 - 1935. Death is said to have occurred on the date stated above, at 6 P. m.

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

Myocarditis "Chronic" Date of onset _____

Other contributory causes of importance: _____

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) J.H. Dawson M. D.

(Address) Eldorado Springs

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.

