

MAR 18 1936

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

Do not use this space.

742

1. PLACE OF DEATH

County Daviess
Township _____
City Gallatin (No. _____)

Registration District No. 250
Primary Registration District No. 4150

File No. _____
Registered No. 770 St. _____ Ward _____

2. FULL NAME Dorris Lee 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 1 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XXX</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 9 1934</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>4</u>
		<u>13</u>
	If LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) <u>XXX</u>	

12. BIRTHPLACE (CITY OR TOWN) Gallatin (STATE OR COUNTRY) Missouri

13. NAME Harley Ryan

14. BIRTHPLACE (CITY OR TOWN) Phillips Co. (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Mina Stevens

16. BIRTHPLACE (CITY OR TOWN) Daviess Co. (STATE OR COUNTRY) Missouri

17. INFORMANT Harley Ryan (ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE Jan. 22, 1936

19. UNDERTAKER Horn, Burn. & Unct. Co. (ADDRESS) Gallatin, Missouri

20. FILED 1-28-1936 P. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1936 to Jan 22, 1936
I last saw him alive on Jan 22, 1936 Death is said to have occurred on the date stated above, at 5 A. m.

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

Influenza

Date of onset 1/21/36

Other contributory causes of importance:

None

Name of operation none 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) M. A. Smith, M. D.

(Address) Gallatin, Mo

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.

