

MAR 25 1936

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

Do not use this space.

7415

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township FarmingtonPrimary Registration District No. 4464City Farmington (No. _____)

File No. _____

Registered No. 32

St. _____ Ward _____

2. FULL NAME Loretta Josephine Ryan

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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 Female4. COLOR OR RACE W.

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

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1934

7. AGE

YEARS 1MONTHS 228DAYS 45

If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

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

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) Bonne Terre Mo13. NAME John B. Ryan

FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo.

MOTHER

15. MAIDEN NAME Mrs. Loretta Antone16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boe Run Mo.17. INFORMANT (ADDRESS) John B. Ryan Farmington Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE CalvaryDATE Feb. 28, 193619. UNDERTAKER (ADDRESS) Farmington Und Co Farmington Mo20. FILED Feb 28, 1936W. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 193622. I HEREBY CERTIFY, That I attended deceased from July 21, 1936, to July 27, 1936I last saw him alive on July 27, 1936. Death is said to have occurred on the date stated above, at 4 a.m.

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

Acute Bronchitis
Asphyxia

Date of onset

Other contributory causes of importance:

Exhaustion of nervous system
Chronic myocarditis
Compensated mitral lesionName of operation Chloroform Date of _____What test confirmed diagnosis? _____ 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?

If so, specify _____

(Signed) Rappberry, M. D.(Address) Farmington 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

