SEP 29 1936

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

Do not use this space.

33248

File No.

Registered No. 327

1. PLACE OF DEATH
County St. Louis
Township Carondolet
City Koch, Mo. (No. Koch Hospital St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 (B)

2. FULL NAME Josie Ryons
(a) Residence, No. 1421 Hogan St., Ward. St. Louis, Mo.
(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: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-12-1873

7. AGE: Years 63 | Months 5 | Days 26 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid
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 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Patrick Ryons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Bridget Sullivan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Koch Hosp. Records.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug 20, 1936

19. UNDERTAKER (ADDRESS) Bensiek Nicholas 1138 N. 6th St.

20. FILED Aug 19, 1936 G. Mowry Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-30-35, 19..., to 8-18-, 1936
I last saw h. alive on 8-18-, 1936. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Pul. Tuberculosis | June 1935 |
| TB Pancreas | |
| 23 | |

Other contributory causes of importance:

Name of operation Pharmicotomy Date of 6-5-36
What test confirmed diagnosis? X Ray & Sputum 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) D. H. Dumpe, M. D.
(Address) Koch, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

9441 Edgar
Maurice 1 Bek
WBW
9409