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

OCT 1 1936

Do not use this space.

33451

1. PLACE OF DEATH
County: Vernon
Township: Washington
City: Nevada (No. ..., ... St. ... Ward)

Registration District No. 875
Primary Registration District No. 6162

File No. ...
Registered No. 246

2. FULL NAME: Ryan, Agnes M.
(a) Residence, No. State Hospital No 3, Nevada Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 4 mos. 22 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 14, 1911

7. AGE: Years 25 | Months 0 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: home
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): California

FATHER
13. NAME: George Ryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Ella Corday
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: George Ryan
(ADDRESS) Industrial Home Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: West Plains, Mo DATE: Aug 23, 1936

19. UNDERTAKER: Terry Funeral Home
(ADDRESS) Nevada Mo

20. FILED: Aug 23, 1936 M. Eichinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1935, to Aug 23, 1936
I last saw h. alive on Aug 23, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
JB	

Other contributory causes of importance:
Heart Hemorrhage
Epilepsy

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Roy W. Pearce Jr, M. D.
(Address) State Hosp No 3, Nevada 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.

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

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