

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.

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

Do not use this space.

OCT 21 1936

34301

1. PLACE OF DEATH

County Howell Registration District No. 384 File No. _____
 Township Howell Primary Registration District No. 5535 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John James Ryan

(a) Residence, No. West Plains, Mo., Rt. 5. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary E. Ryan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1957
 7. AGE YEARS 79 MONTHS 5 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Sheridan Co., Mo.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Elizabeth L. Harvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheridan Co., Mo.

17. INFORMANT (ADDRESS) Lawrence Ryan West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Howell Valley DATE Sept. 13, 1936

19. UNDERTAKER (ADDRESS) Robertson's Mortuary West Plains, Mo.

20. FILED 9/13, 1936 Vida W SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to Sept. 11, 1936

I last saw him alive on July 17, 1936 Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset _____

Other contributory causes of importance: arteriosclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? EXAM. 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) H. H. Jones, M. D.
 (Address) West Plains, Missouri

