

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Polk Registration District No. 701 File No. 7699
Township Marion Primary Registration District No. 4422 Registered No. 17
City (No.) St. Ward

2. FULL NAME

John Samuel 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 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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 5 2
8. Trade, profession, or particular kind of work done, as spinner, 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) Mo.

FATHER 13. NAME Samuel Ryan

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

MOTHER 15. MAIDEN NAME Mary Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan.

17. INFORMANT (ADDRESS) Samuel Ryan

18. BURIAL CREMATION, OR REMOVAL PLACE City Cem. DATE 2-29 1937

19. UNDERTAKER (ADDRESS) Whitcheson Blue

20. FILED 2-29-1937 J. J. Roberts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1936 to Feb 28 1937
I last saw him alive on Feb 6 1937 Death is said to have occurred on the date stated above, at 8:30 Am.

The principal cause of death and related causes of importance were as follows:
Angioma Vascular
beginning at prostate gland
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? yes 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 J. W. Bridges M. D.
(Signed) (Address)
Polk 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.

Bridges

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