

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.

MAY 15 1937

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

Do not use this space.

15080

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jean Primary Registration District No. 1002
City Kennett Mo (No. K.C. Gen. 1258)

File No. _____
Registered No. 1626
St. _____ Ward _____

2. FULL NAME

Jess B. Ryan
(a) Residence, No. 2313 Indiana Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31 - 1865</u>		
7. AGE <u>71</u>	YEARS	MONTHS <u>8</u> DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk reeling, saw mill, bank, etc. <u>did not worked for</u>		
10. Date deceased last worked at this occupation (month and year) <u>about</u> Total time (years) spent in this occupation _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2, 1937
22. I HEREBY CERTIFY, That I attended deceased from 11-12, 1936 to 4-2, 1937
I last saw him alive on 4-2, 1937 Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum
Date of onset _____
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Other contributory causes of importance:
Broncho Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT Mrs. Mrs. Quone (ADDRESS) 2313 Indiana
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Calvary DATE April 5 - 1937
19. UNDERTAKER Mrs. C. L. Justice (ADDRESS) 913 Broadway, annual
20. FILED Apr 4 1937 M. M. Cronk Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes
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) P. H. De Maria, M. D.
(Address) St. K.C. Gen. 1258

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