

DEC 2 1937

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

Do not use this space.

41781

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield (No.)

Registration District No. 496
Primary Registration District No. 3025

File No.
Registered No. 115
St. Ward

2. FULL NAME

(a) Residence, No. 5150 Triggs St., 1st Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
35 7 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Bloomington, Ill.

13. NAME Daniel Lucy

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

15. MAIDEN NAME Baroness Storan

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

17. INFORMANT X J. Ryan
(ADDRESS) Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield, Mo. 11-27-37

19. UNDERTAKER James J. Bowden
(ADDRESS) Brookfield, Mo.

20. FILED Dec 9 1937 Innocent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/26 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/4/37, 1937, to 11/26, 1937

I last saw her alive on 11/26, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis Date of onset 4 da

Other contributory causes of importance: Spinal Gall Bladder - Stone distended duodenum & intestines 3 mos

Name of operation Date of
What test confirmed diagnosis? Autops Was there an autopsy? Yes

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

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

(Signed) John W. Ryan, Jr., M. D.

(Address) Brookfield, 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.

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OCCUPATION
MOTHER
FATHER

