

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Brandy 2

Registration District No.

328

Township

City

Trenton

(No.

Primary Registration District No.

3017

File No.

10850

Registered No.

St.

Ward)

2. FULL NAME

James E. Ryan 500

(a) Residence No.

402 W. 32nd ST

St.

Ward.

Length of residence in city or town where death occurred

15 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

Mrs. Ruth Ryan

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

April 23 - 1895

7. AGE

YEARS

42

MONTHS

10

DAYS

3

If LESS than 1
day,hra.
ormin.

OCCUPATION

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

R.R. Engineer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Railroad

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Feb. 1932 15 yrs

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Benson
Illinois

MOTHER FATHER

13. NAME

Daniel Ryan

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

Benson, Illinois

15. MAIDEN NAME

Margaret Shields

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Benson
Illinois

17. INFORMANT

(ADDRESS)

Mrs. Ruth Ryan
Trenton, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Catholic Trenton

DATE

Feb. 28, 1938

19. UNDERTAKER

(ADDRESS)

Bern S. Davis # 3216
Trenton, Missouri

20. FILED

2-28-38

19

Gene S. Fair

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb. 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from

14 Feb 1938 to 26 Feb 1938

I last saw h. em. alive on 26 Feb 1938 Death is said

to have occurred on the date stated above, at 7 a. m.

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

Lobar Pneumonia
Left lungDate of onset
12 days

Other contributory causes of importance:

Lobar Pneumonia
Right lung

3 days

Name of operation

none

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) E. A. Duffy M.D., M. D.

(Address) Trenton, Mo.

300

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 5 1956.