

REC'D APR 21 1938

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

Do not use this space.

11576

1. PLACE OF DEATH

County New Madrid Registration District No. 5-5  
Township Anderson Primary Registration District No. 6262  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1300

2. FULL NAME

Samuel Char. Ryan 500  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Ryan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1875  
7. AGE YEARS 63 MONTHS 7 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinning  
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) May 21 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER  
13. NAME William Ryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER  
15. MAIDEN NAME Emeline Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Nora Ryan  
(ADDRESS) Passaic, N. J.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Fairview DATE Mar 31 1938

19. UNDERTAKER (ADDRESS) F. H. Hubert

20. FILED April 10 1938 M. V. McCreary  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30<sup>th</sup> 1938  
22. I HEREBY CERTIFY That I attended deceased from Mar 24 1938 to Mar 30 1938  
I last saw him alive on Mar 28 1938 Death is said to have occurred on the date stated above, at 2 a.m.  
The principal cause of death and related causes of importance were as follows:

Apoplexia  
Date of onset \_\_\_\_\_

Other contributory causes of importance: gout

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? home  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) B. B. B., M. D.  
(Address) St. Louis 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.

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

TO : SAC, NEW YORK  
FROM : SAC, PHOENIX  
SUBJECT: [Illegible]

RE: [Illegible]  
[Illegible]

[Illegible]

[Illegible]

[Illegible]

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