

REC'D MAR 9 1939

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

6896

Do not use this space.

## 1. PLACE OF DEATH

(a) County Howell Registration District No. 384  
(b) Township Howell Primary Registration District No. 5535 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. Rover Pt. West Plains Mo St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 4 yrs. mos. ds.

## 2. PRINT FULL NAME

500 Edna Mae Ryan  
(a) Residence, No. Howell County St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lawrence Ryan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3, 1911  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 2 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tulsa County Oklahoma

FATHER 13. NAME John H. Lewis  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Leake Co, Mo.

MOTHER 15. MAIDEN NAME Anna Rippey  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Blount

17. INFORMANT Lawrence Ryan  
(ADDRESS) West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL Burial  
PLACE Elk Creek Cemetery DATE Feb 15, 1939

19. FUNERAL DIRECTOR (NAME) Mr. Cliff Williams  
(ADDRESS) West Plains Mo

20. FILED 2-14, 1939 Vida W. SIMONS  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1939, to Feb. 13, 1939  
I last saw her alive on Feb. 13, 1939. Death is said to have occurred on the date stated above, at 3:50 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute yellow atrophy of liver Date of onset 2 1/2 w

Other contributory causes of importance:

gastritis & spasm  
and coma  
(coma lasted 3 days)

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Symptoms 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? No  
If so, specify \_\_\_\_\_

(Signed) B. B. Sparks, M. D.  
(Address) West Plains Mo  
344

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**