

REC'D APR 17 1939

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

9791  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township 2 Primary Registration District No. 100 Registered No. 1397  
 (c) City KC Mo. (d) Street No. St. Marys Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Anna Ryan

(a) Residence, No. 1322 So 32 st St.  Kansas City Kansas  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. # 5 1885</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>4</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housework</u>		
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) <u>Leavenworth Kansas</u>		
FATHER	13. NAME <u>James H. Ryan</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Conway</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	

17. INFORMANT Mrs. Dewey Qualls  
 (ADDRESS) 1322 S 32st K.C. Ks.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt. Calvary DATE Apr. 3 1939  
 19. FUNERAL DIRECTOR (NAME) Simmons & Son  
 (ADDRESS) 1404 So. 37 st. K.C. Ks.  
 20. FILED 1939 M. M. Brown  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31 1939

22. I HEREBY CERTIFY, That I attended deceased from

October 1938 April 31 1939I last saw her alive on March 30, 1939 Death is saidto have occurred on the date stated above, at 8:15 a.m.

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

Acute Broncho-pneumonia 3/23/39  
Cancer of breast und.

Other contributory causes of importance:

Emaciation Nov '38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray 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) C. H. Neighbor, M.D.(Address) 3119 Strong ave. J.C. Mo.

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**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.**