

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

9927
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 30
 (b) Township..... Primary Registration District No. 3003 Registered No. 10
 (c) City Monett (d) Street No..... 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 Bessie Agnes Ryan
 (a) Residence, No. 700 4th. St. St.
 (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 Female 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 Edward Joseph Ryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>8</u>	<u>26</u>	

OCCUPATION

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

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

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

FATHER

13. NAME Jim Feeney

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

MOTHER

15. MAIDEN NAME Agnes

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

17. INFORMANT Mrs. Joseph J. Kane,
 (ADDRESS) 1100 E. Walnut, Springfield,

18. BURIAL CCCCCCCCCCCC
 PLACE Pierce City, Mo. DATE Mar. 10, 1939

19. FUNERAL DIRECTOR Callaway's,
 (ADDRESS) Monett, Mo.

20. FILED 3-10- 1939 W. W. West
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1939 to Mar. 8, 1939
 I last saw her alive on Mar. 8, 1939 Death is said to have occurred on the date stated above, at 12 a.m. noon
 The principal cause of death and related causes of importance were as follows:
Apoplexy
59
 Other contributory causes of importance:
Diphtheria and Arteriosclerosis

Name of operation Amputation leg to left foot Date on Feb. 22-39
 What test confirmed diagnosis? Necropsy 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.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. W. West, M. D.
 (Address) Monett, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D APR 15 1939

RECEIVED

District Health Officer No. 6,

District File Number 6-39-767

Date Filed APR 10 1939

SEP 7 1943

STATEMENT BY LICENSED EMBALMER

I, Floyd C. Lawrence, Licensed Embalmer No. 2066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Floyd C. Lawrence
Licensed Embalmer No. 2066

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.)