

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.

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

10829
Do not use this space.

657 APR 13 1939

1. PLACE OF DEATH *Lawrence* Registration District No. *316*
 (a) County *Lawrence* Primary Registration District No. *2001* Registered No. *243*
 (b) Township *Springfield* (If death occurred in Hospital or Institution, write its name instead of street and number) St. *Springfield Baptist Hospital*
 (c) City *Springfield* (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 *Arabelle Ryle*
 (a) Residence, No. _____ St. *Marionville Mo*
 (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) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 22 1884*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<i>✓</i>	<i>55</i>	<i>0</i>	<i>29</i>	

OCCUPATION

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. *School Teacher*

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) *Lawrence County Mo*

FATHER

13. NAME *John S. Ryle*

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

MOTHER

15. MAIDEN NAME *Melinda Miller*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Paris, Mo*

17. INFORMANT (ADDRESS) *Mr. Austin Ryle, Marionville, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Marionville Mo* DATE *Mar 23 39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Oralbert Funeral Home, Marionville, Mo*

20. FILED *Mar 21 19 39* *Chas A. Brown* (Address) *Harland, Mo*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 21 1939*

22. I HEREBY CERTIFY, That I attended deceased from *March 20th*, 19*39*, to *March 21st*, 19*39*
 I last saw her alive on *March 21st*, 19*39*. Death is said to have occurred on the date stated above, at *10:40 P.M.*
 The principal cause of death and related causes of importance were as follows:
Tonsillitis
Toxic Suppression of Urine *March 21st*
 Date of onset

Other contributory causes of importance: *115 lb*
Peritonitis, Abscess

Name of operation *Opening Abscess* Date of *March 20, 39*
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) *C. Senter Smith*, M. D.
Harland, Mo
Springfield, Missouri

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.