LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

JUL 23 1927

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

20588

1. PLACE OF DEATH Barry.
County Barry — Registration District No. 30 — File No.
Township ~~Pioneer~~ Cappo Creek — Primary Registration District No. 5044 — Registered No.
City Pioneer (No. ..... St. ..... Ward)

2. FULL NAME Harry Clark Ryder Jr,
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 3 1919

8. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
7	7	8.	

9. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pioneer, MO
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Harry Ryder
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Chigo Illinois
12. MAIDEN NAME OF MOTHER Ella Harper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) W V.A.

14. INFORMANT H C Ryder
(Address) Purdy Mo. R#3

15. FILED ....., 19.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1927

17. I HEREBY CERTIFY, That I attended deceased from July 9th, 1927, to July 11, 1927, that I last saw him alive on July 11, 1927, and that death occurred, on the date stated above, at 5 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Blood Poisoning 56
41
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY)
Infection from sore (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at his home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P L Freeland, M. D
, 19 (Address) Fairview MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Muncie Cem Barry C. Mo	July 13 1927
20. UNDERTAKER	ADDRESS
J H. White	Fairview Mo

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. .....

City..... (No..... ..... St. .....W.

2. FULL NAME .....

(a) Residence. No..... St., ...Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or .....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14.
INFORMANT .....
(Address)

15.
FILED....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

17.
I HEREBY CERTIFY, That I attended deceased from .....
.....,19....., to .....
that I last saw h..... alive on....., 19.....,
death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....

.....(duration).....yrs. .....mos.

CONTRIBUTORY.....
(SECONDARY)

.....(duration).....yrs. .....mos.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed).....,M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL

20. UNDERTAKER	ADDRESS

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH. County: Barry — Township: Cappy Creek — (City, Town, Village) — (No. ..... St. ..... Ward)

Registration District No. 30 — Primary Registration District No. 5044 — File No. ..... — Registered No. 63

2. NAME: Harry Clark Ryder, Jr.

Residence. No. ..... St. ..... Ward. ..... (Usual place of abode) (If nonresident give city or town and State)

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: M — 4. COLOR OR RACE: W — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S.

6. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF

7. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 3, 1919

8. AGE: Years 7 — Months 7 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

9. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

10. BIRTHPLACE (CITY OR TOWN): Pioneer (STATE OR COUNTRY): Mo.

11. NAME OF FATHER: Harry Ryder

12. BIRTHPLACE OF FATHER (CITY OR TOWN): Chicago. Ill. (STATE OR COUNTRY):

13. MAIDEN NAME OF MOTHER: Ella Harper

14. BIRTHPLACE OF MOTHER (CITY OR TOWN): W. V. A. (STATE OR COUNTRY):

15. INFORMANT: H. C. Ryder (Address): Purdy, Mo. R. # 3

FILED: 8-20, 1927 — W. M. West, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 11 1927

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1927, to July 11, 1927, that I last saw h. alive on July 11, 1927, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Blood Poisoning

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Infection from Sore

(duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at his home

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) P. L. Freeland, M. D.

, 19 (Address) Fairview, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mincie Cem. Barry Co. Mo. — DATE OF BURIAL: July 13, 1927

20. UNDERTAKER: J. H. White — ADDRESS: Fairview, Mo.

SUPPLEMENTARY 41

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