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

Do not use this space.

17040

MAY 29 1929

1. PLACE OF DEATH
County Vernon
Township
City Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 100

2. FULL NAME Mary Ryan
(a) Residence. No. 926 S Mol. St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2 1867

7. AGE 62 YEARS MONTHS 9 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) D K
(STATE OR COUNTRY) Kentuckey

PARENTS
10. NAME OF FATHER D K
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D K
(STATE OR COUNTRY) D K
12. MAIDEN NAME OF MOTHER Mary Monsw
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentuckey

14. INFORMANT Rome Ryan
(Address) Nevada Mo

15. FILED 5-7-, 1929 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-6- 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-5-, 1929, to 4-6-, 1929 that I last saw her alive on 4-6-, 1929, and that death occurred, on the date stated above, at 1230 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Influenza
11B
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 11B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. T. Hurrback, M. D
4/7, 1929 (Address) Nevada 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 Newton Cemet
DATE OF BURIAL 4/8 1929

20. UNDERTAKER Terry Funeral Home
ADDRESS Nevada

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.

...WITH ENFADING INK—THIS IS A PERMANENT RECORD

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