

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

Do not use this space.

2597

1. PLACE OF DEATH

County..... Registration District No. 1701
Township..... Primary Registration District No. 1702
City St. Louis (No. Mo Baptist Sanitarium St. Ward)

File No.
Registered No. 290

2. FULL NAME

(a) Residence, No. 4423 Olive St. 19 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stanley P. Owings</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31st 1867</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>5</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</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)
Llano ?

MOTHER FATHER 13. NAME
John Ryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ireland 15

MOTHER 15. MAIDEN NAME
Mary Spellman

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

17. INFORMANT (ADDRESS)
Anna M Ryan
Alton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 11th 1922

19. UNDERTAKER (ADDRESS)
Arthur J. ... and Co
2019 ...

20. FILED
JAN 11 1922
W. ... Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1922

22. I HEREBY CERTIFY that I attended deceased from Nov 9th 1931 to Jan 8th 1922
I last saw her alive on Jan 8th 1932. Death is said to have occurred on the date stated above, at 2:12 P.M.

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

Carcinoma of right kidney with metastases lymphatic malastasis

Other contributory causes of importance:
53A J. B. W. ①

Name of operation Excision of gland Date of Nov 9th 1931
What test confirmed diagnosis? lab. 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) Wm Moore, M. D.
(Address) 402 Wall Bldg

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.

Mr Navy Dept

3903 Ocean St

Je 5600

1-3 P.M.