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

Do not use this space.

6318

791
1003

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 1350

City St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Elizabeth Ryan

(a) Residence, No. 5582 Easton Ave. 6 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 Female
4. COLOR OR RACE Wh
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) May 16, 1872

7. AGE YEARS 59 MONTHS 8 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 44
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) Alton Illinois

FATHER
13. NAME James Ryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Eliza Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Virginia B. Kelly 5582 Easton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alton Ill. DATE 2-12 1932

19. UNDERTAKER (ADDRESS) Chas. F. Stuart 1225 Union Bl.

20. FILED FEB 10 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15/32, 19 ..., to Feb 9/32, 19 ...
I last saw her alive on 2/9/32, 19 ... Death is said to have occurred on the date stated above, at 12 45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Ruptured "pseudo-mucinous" ovarian cyst non Malignant	
Other contributory causes of importance: Peritonitis	

Name of operation Removal cysts Date of 2/2/32
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? (1) 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) O. V. Falk, M. D.
(Address) Beaumont and Kelly

Dr. Falk
Jeff. 1800
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