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.

SEP 26 1933

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

Do not use this space.

27948

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 27948

Township ..... Primary Registration District No. 1003 Registered No. 7001

City St Louis Mo (No. 2019 N. 14th St St. ..... Ward)

2. FULL NAME Margaret Ryan

(a) Residence, No. 2019 N. 14th St St., N 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: 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) June 22 - 1931

7. AGE: YEARS 2 | MONTHS 1 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St Louis Mo

FATHER

13. NAME Joseph Ryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Cecelia Biesh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Joseph Ryan 2019 N. 14th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug 14, 1933

19. UNDERTAKER (ADDRESS) Ky Leidner Und. Co 1417 N. Market St

20. FILED AUG 14 1933 19 J F Biedeck Registrar. 8/13/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Aug 12, 1933
I last saw her alive on Aug 11, 1933 Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

Dyphtheria Bronchial — Date of onset

10 10

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) T J Kunk, M. D.
(Address) 3760 Lindell

Old Helen Emi
Health Dept.