

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Do not use this space.

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

16 J. Finley  
6138 MAY 31 1937

17567

1. PLACE OF DEATH  
 County St. Louis Registration District No. 789  
 96 Township Normal Central Primary Registration District No. 6033  
 City Overland (No. 9509, MILTON) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maurice Vail Ryder  
 (a) Residence, No. 9509-Milton St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1902

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>67</u>	<u>35</u>	<u>1</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 4-23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER

13. NAME Marcus Ryder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Ida May Vail

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Edwin Ryder  
 (ADDRESS) 2805-Calvert Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 4-28-37

19. UNDERTAKER Baynans Bros. Inc.  
 (ADDRESS) 234-Woodson Rd. Overland, Mo.

20. FILED 4-27 1937 W. Boehmer  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24 1937, to Apr. 27 1937  
 I last saw him alive on Apr. 26 1937. Death is said to have occurred on the date stated above, at 2:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Endocarditis Date of onset 4-24-1937

Other contributory causes of importance:  
Deerlet Fever 4-24-1937

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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?  
 If so, specify \_\_\_\_\_ (Signed) F. Finley M. D.  
 (Address) 9209 E. Milton

