SEP 21 1937

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

Do not use this space.

29843

File No. 39 Y 002

Registered No. 38139

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3819 E. 60 St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Ella M. Ryan
(a) Residence, No. 3819 E. 60 St., 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 Fe
4. COLOR OR RACE wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin J. Ryan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug. 12 - 1872
7. AGE Years 65 Months 0 Days 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Marine Ill

FATHER
13. NAME Almarian Redford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Elma A. Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marine Ill

17. INFORMANT (ADDRESS) Martin J. Ryan 3819 E. 60
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Survey DATE aug 21, 1937
19. UNDERTAKER (ADDRESS) Ceylar Funeral Home K.C. Mo.
20. FILED Aug 21, 1937 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) aug 18, 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1936, to AUG 18, 1937
I last saw h. alive on AUG 18, 1937. Death is said to have occurred on the date stated above, at 11 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CANCER RIGHT BREAST	4 YRS.
60	
Other contributory causes of importance:	
CARDIAC FAILURE	2 1905

Name of operation ..... Date of .....
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? ..... 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) B. C. Lunsford, M. D.
(Address) 6944 Prospect K.C.

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.

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