

REC'D AUG 11 1938

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

24813
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 774
 (c) City St. Joseph (d) Street No. 232 Iowa St. (West) _____ St.
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Ryan
 (a) Residence, No. 232 W. Iowa St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Sebastian Ryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 1870

| | | | | |
|----------|-----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| <u>1</u> | <u>68</u> | <u>8</u> | <u>2</u> | |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Cameron, Mo.

FATHER
 13. NAME Thomas McGinnis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Wisconsin.

MOTHER
 15. MAIDEN NAME Mary Jacobs
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Wisconsin.

17. INFORMANT Bernice Byers
 (ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron, Mo. DATE July 25, 1938

19. FUNERAL DIRECTOR Clark Mortuary
5025 Ring Hill Ave., St. Joseph, Mo.

20. FILED 7-24-38 H. J. Mottersuch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1938

22. I HEREBY CERTIFY That I viewed deceased from 7-23, 1938 to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 a. m.
 The principal cause of death and related causes of importance were as follows:
acute coronary thrombosis
94B.
 Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis history 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 B.W. Tadlock, Coroner M. D.
 (Signed) King Hill Rdg.
 (Address)

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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STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark, Licensed Embalmer No. 3476

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Earl A. Clark

Licensed Embalmer No. 3476

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)