

REC'D SEP 20 1939

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

29343

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 400
 (b) Township Jackson Primary Registration District No. 553B Registered No. 146
 (c) City Walden (d) Street No. Jackson Co. Emergency Hosp St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 500 Florence A. Ryan St. 116 W. Walnut Indy, Mo.
 (Usual place of abode, if no street address, write county or city) (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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Ryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Ballwin, Mo13. NAME John Nelson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Susan Murray16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballwin Mo17. INFORMANT Mrs. E. B. Bie (Daughter)
(ADDRESS) 209 S. Short St.18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cemetery DATE Aug - 4, 193919. FUNERAL DIRECTOR (NAME) George C. Carson
(ADDRESS) Independence Mo.20. FILED 8/21, 1939 John P. Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1939, to Aug. 2, 1939
 last seen alive on Aug 2, 1939 Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Dysentery (unspecific)Other contributory causes of importance: 131nephritis

Date of onset

1935Name of operation none Date of noWhat test confirmed diagnosis? no 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) Lee E. Roark, M. D.

(Address) Jackson Co. Emergency Hosp.
Walden, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.