

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

38592  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County De Kalb Registration District No. 260  
 (b) Township Grandview Primary Registration District No. 5363  
 (c) City \_\_\_\_\_ or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 Burton J. Ryan  
 (a) Residence, No. De Kalb Co. Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Cora Ryan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10, 1877
- |        |           |          |          |                                  |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, hrs. or min. |
|        | <u>63</u> | <u>4</u> | <u>4</u> |                                  |
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Christian City, Mo.
- FATHER
13. NAME George Ryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
- MOTHER
15. MAIDEN NAME Nancy Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ired
17. INFORMANT (ADDRESS) Lelan Ryan
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pleasant Cem DATE July 13, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Old Moore  
Camden, Mo.
20. FILED July 15, 1940 Miss Mrs. Mcmahon  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1940
22. I HEREBY CERTIFY That I attended deceased from July 11, 1940, to July 11, 1940  
 I last saw him alive on July 11, 1940 Death is said to have occurred on the date stated above, at 10:25 pm.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
apoplexy  
 Date of onset July 11
- Other contributory causes of importance: 82
- 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) J. J. Knieis, M. D.  
 (Address) Camden, Mo.

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**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. *1188*

P. O. Address *Camden, Mo*

**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.**