

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

Do not use this space.

SEP 16 1935

27649

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

City.....

File No.....

Registered No.....

6690

St.....

Ward.....

2. FULL NAME

Kate Ryan

(a) Residence, No.....

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds.

Ward.....

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

April 14, 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

3

20

OCCUPATION

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

None

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)

England

13. NAME

Patrick Ryan

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

Ireland

15. MAIDEN NAME

Johanna O'Connell

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

Ireland

17. INFORMANT (ADDRESS)

Step J. J. Ryan

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cahoon

DATE

Aug 6, 1935

19. UNDERTAKER (ADDRESS)

Wm. J. Bredeck

20. FILED

AUG - 5 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from

4th, 1935 to Aug 4, 1935

I last saw him alive on Aug 4, 1935 Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Bronchial Pneumonia

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)

Wm. J. Bredeck

M. D.

(Address)

City, Mo.

