

FORM V. 8. 1-1904-1-10-11.

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County Lawrence
City Blaine Ky
Reg. Dist. No. 6548

File No. 28555

FULL NAME Manson Ryan

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

DATE OF BIRTH Nov 23 1916

AGE 51 yrs 9 mos 21 ds

OCCUPATION farmer

BIRTHPLACE Lawrence Co Ky

NAME OF FATHER William Ryan

BIRTHPLACE OF FATHER Virginia

MAIDEN NAME OF MOTHER Sarah Holloway

BIRTHPLACE OF MOTHER Hall's County W. Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry Phillips
(Address) Blaine Ky

Filed Nov 27 1916 Hill's Hall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1916

I HEREBY CERTIFY, That I attended deceased from 1916 to 1916

that I last saw him alive on 1916

and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:
Cancer of Fall

Contributory death know exactly

(Signed) A. J. Pyle M. D.

Nov 23 1916 (Address) Blaine Ky

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES state (1) MEANS of INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?
Former or usual residence ...

PLACE OF BURIAL OR REMOVAL on home place DATE OF BURIAL Nov 27 1916

UNDERTAKER Anderson Evans ADDRESS Blaine Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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. See instructions on back of certificate.