

## PLACE OF DEATH

County of ClarkTownship of ..... Registration District No. 175 File No. 658or  
Village of ..... Primary Registration District No. 8073 Registered No. 57or  
City of Springfield (No. city Hospital St., ..... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]FULL NAME Petrach J. Ryans

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 MARRIED married  
(If write the word)6 DATE OF BIRTH approximate age 1859  
(Month) (Day) (Year)7 AGE 55 yrs. - mos. - ds. or min.?  
If LESS than 1 day, - hrs.8 OCCUPATION  
(a) Trade, profession, or particular kind of work Teacher  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Canada10 NAME OF FATHER Don't know11 BIRTHPLACE OF FATHER (State or country) Ireland12 MAIDEN NAME OF MOTHER Don't know13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Ryans(Address) 1577 Cona St.15 Filed 1-24 1914 Steward Registrar

## MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Jan. 20, 1914  
(Month) (Day) (Year)11 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1914, to Jan. 19, 1914, that I last saw him alive on Jan. 19, 1914, and that death occurred, on the date stated above, at 1.5 m. The CAUSE OF DEATH\* was as follows:Chronic NephritisTuberculosis (Duration) ..... yrs. .... mos. .... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.

(Signed) D. K. Edwards, M. D.  
1-21- 1914 (Address) Springfield, O.

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.Where was disease contracted, if not at place of death?  
Former or usual residence.19 PLACE OF BURIAL OR REMOVAL Cemetery DATE OF BURIAL Jan. 24, 191420 UNDERTAKER Joe B. O'Brien ADDRESS Springfield, O.