

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

31294

PLACE OF DEATH
County Jacobs
Township Swan
or
Village _____
or
City _____ (NO. _____ St. _____ Ward)

Registration District No. 861 File No. _____
Primary Registration District No. 6132 Registered No. 20

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Arthur Raythorp

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED single WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH August 18, 1918
(Month) (Day) (Year)
AGE _____ yrs. _____ mos. 23 ds. If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS
NAME OF FATHER Carl Raythorp
BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri
MAIDEN NAME OF MOTHER Ellen Beck
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ellen Beck
(ADDRESS) Mill, Mo.

Filed Sept 10, 1918 C. O. Starnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10th, 1918
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 3, 1918, to Sept 10, 1918, that I last saw him alive on Sept 9, 1918, and that death occurred, on the date stated above, at 2:15² m.

The CAUSE OF DEATH* was as follows:
Acute Indigestion

(Duration) _____ yrs. _____ mos. 20 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. O. Starnes M. D.
Sept 10, 1918 (Address) Jacobs, Mo.

*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. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted If not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Lawn Star Cemetery DATE OF BURIAL _____ 191__

UNDERTAKER John Hart ADDRESS Jacobs, Mo.

N. B.—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.

