

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

Do not use this space.

5544

1. PLACE OF DEATH

County C Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph's Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 209

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 - 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 8 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Horton
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER F. J. Rayfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Horton
 (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Mabel Cobbs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Abney Ill.
 (STATE OR COUNTRY)

14. INFORMANT F. J. Rayfield
 (Address) Horton, Kansas

15. FILED FEB 18 1929 REGISTRAR John J. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1929, to Feb 17, 1929, that I last saw her alive on Feb 17, 1929, and that death occurred, on the date stated above, at 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis, acute lethargic.
17 (duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Otitis Media, acute right
 (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Horton, Kansas

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Spinal Fluid Exam.
 (Signed) W. Roger Moore, M. D.

2/17, 1929 (Address) St. Joseph Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Horton, Kansas DATE OF BURIAL 2-19 1929

20. UNDERTAKER J. S. Henderson ADDRESS Horton, Kansas

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 K. 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.

MAR 21 1929

