

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

Do not use this space.

41184

1. PLACE OF DEATH

County Johnson, Registration District No. 431
Township Warrensburg, Primary Registration District No. 3022
City Warrensburg, (No.) St. (Ward)

2. FULL NAME

George W. Rayhill,
(a) Residence. No. 215 E Market St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 18

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Charles Rayhill

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

12. MAIDEN NAME OF MOTHER Charity Fike

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

14.

INFORMANT Chas Rayhill
(Address) Warrensburg mo

15.

FILED Dec 26 1929 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1929, to Dec 19, 1929 that I last saw him alive on Dec 19, 1929, and that death occurred, on the date stated above, at 6-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phylaxia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. L. Bradley M. D.

. 19 (Address) Warrensburg 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

DATE OF BURIAL

Sunset Hill Cem

Dec 21 1929

20. UNDERTAKER Warrrensburg mo

ADDRESS

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.

51
1929

206

29
31
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PARENTS

