

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

Do not use this space.

19281
58

1. PLACE OF DEATH

County Howell
Township Howell
City..... (No....., Ward)

Registration District No. 382
Primary Registration District No. 5-5-35-

File No.....
Registered No.....
St. Ward)

2. FULL NAME William Harris Rayner

(a) Residence. No..... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16, 1930

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

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1930, to June 6, 1930 that I last saw him alive on June 6, 1930, and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 22, 1846

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE 84 YEARS 2 MONTHS 24 DAYS If LESS than 1 day, hrs. or min.

85 Paresis
85
162 (duration) 2 yrs. mos. ds.
CONTRIBUTORY Senility and softening of brain (SECONDARY) (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired Farmer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED

9. BIRTHPLACE (CITY OR TOWN) Bonaparte, (STATE OR COUNTRY) Iowa.

IF NOT AT PLACE OF DEATH..... DID AN OPERATION PRECEDE DEATH? No. DATE OF..... WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAGNOSIS? Physical Examinations (Signed) P. H. Sparks, M. D. 6-18, 1930 (Address) West Plains Mo.

10. NAME OF FATHER John Rayner 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mansfield, (STATE OR COUNTRY) England. 12. MAIDEN NAME OF MOTHER Catherine Gray 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

*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.

14. INFORMANT Mrs. Hale Goodwin (Daughter) (Address) West Plains, Mo. Rover Rt.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Lawn DATE OF BURIAL 6-19 1930

15. FILED 6-17-30 O.P.A. Weirich REGISTRAR

20. UNDERTAKER Hal Thompson ADDRESS West Plains Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

