

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

Do not use this space.

23804

1. PLACE OF DEATH

County Butte
Township La Monte
City (No. _____) _____

Registration District No. 667
Primary Registration District No. 5888

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Myrtle L. Rayburn

(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 20 yrs. mos. ds. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1 - 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>48</u>	<u>4</u>		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Butte Mo
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charley Abarnon

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

12. MAIDEN NAME OF MOTHER Sarah E. Johnson

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

14. INFORMANT Chas Rayburn
(Address) La Monte Mo

15. FILED July 2, 1930 B. F. Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1929 to July 1, 1930, that I last saw her alive on June 29, 1930, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Stomach
465
(duration) 1 yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Starvation due to obstruction of Cardia
(duration) _____ yrs. 3 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 11 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) Just B. Carlelee, M. D.
(Address) Sedalia 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 Sedalia Mo DATE OF BURIAL July 3, 1930

20. UNDERTAKER B. F. Parker ADDRESS La Monte

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.

AUG 24 1930

