

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

Do not use this space.

17004

1. PLACE OF DEATH

County Andrew Registration District No. 8
Township Lincoln Primary Registration District No. 3011
City (No.) St. Ward

File No. _____
Registered No. _____

2. FULL NAME

Hiram W. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 20, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	69	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) May, 1931 11. Total time (years) spent in this occupation 69

12. BIRTHPLACE (CITY OR TOWN) Andrew Co., Mo. (STATE OR COUNTRY)

13. NAME B. Rayburn

14. BIRTHPLACE (CITY OR TOWN) Mason Co., W. Va. (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Mason

16. BIRTHPLACE (CITY OR TOWN) Mason Co., W. Va. (STATE OR COUNTRY)

17. INFORMANT Mrs. Agnes Wheeler (ADDRESS) 1916 Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE May, 29, 1931

19. UNDERTAKER (ADDRESS) 1302 Faron St. St. Joseph, Mo.

20. FILED May 29, 1931 J. W. Folcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 26, 1931

22. I HEREBY CERTIFY, That I viewed deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4.00 P.M.

The principal cause of death and related causes of importance were as follows:

Sudden death
Arctic Incompetency
92 W

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. S. Perry, M. D.

(Address) Charleston, Mo.

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

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.

May 24 1931

