

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.

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

Do not use this space.

40888

1. PLACE OF DEATH

County Jackson Registration District No. 37
 Township Raw Primary Registration District No. 12
 City Kansas City (No. 2633 Cypress)

File No. _____
 Registered No. 4874
 St. _____ Ward _____

2. FULL NAME

Rayman F. Nethercett
 (a) Residence, No. 2633 Cypress St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Mrs. Jennie Nethercett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1862
 7. AGE YEARS 69 MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired stone
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. contractor
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Grayson
 (STATE OR COUNTRY) Pentucky

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Jennie Nethercett
 (ADDRESS) 2633 Cypress

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE December 9, 1931

19. UNDERTAKER W. H. Newcomer Sons
 (ADDRESS) 2111 East 9th St.

20. FILED 12/7 1931 M. M. Brown
ass. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1931, to Dec 6, 1931.
 I last saw him alive on Dec 6, 1931. Death is said to have occurred on the date stated above, at 1:15 P.m.

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

Cerebral Hemorrhage Date of onset Dec 3-5
82A
97
J 20
 Other contributory causes of importance: arteriosclerosis slight anemia

Name of operation no. Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no. Date of injury _____, 19____
 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. Henry George M. D.
 (Address) 2111 East 9th St. Kansas City, Mo.

26⁴/₈ Cleveland 9

10:45 - 12