

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

Do not use this space.

41210

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City R. C. (No. 411) N. White St. _____ Ward _____

File No. _____
Registered No. 5155
St. _____ Ward _____

2. FULL NAME

Mary Ann Raynor
(a) Residence, No. 411 N. White St. 10 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>John H. Raynor</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 31, 1846</u>				
7. AGE	YEARS <u>85</u>	MONTHS <u>3</u>	DAYS <u>21</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>			
	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) _____ 11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prescott Canada</u>				
MOTHER	13. NAME <u>Gorman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>			
	15. MAIDEN NAME <u>Do not know</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>				
17. INFORMANT <u>Mrs. Cronyn</u> (ADDRESS) <u>411 N. White</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>Dec 23, 1931</u>				
19. UNDERTAKER <u>H. B. Baker</u> (ADDRESS) _____				
20. FILED <u>12/22</u> 19 <u>31</u> <u>M. M. Brown</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931, to Dec. 19, 1931
I last saw her alive on Dec. 19, 1931. Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:
Valvular heart disease 1916
92A
1045
Other contributory causes of importance:
Bronchitis 12/15/1931

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 _____, 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? _____
If so, specify _____
(Signed) H. B. Baker, M. D.
(Address) 5400 S. R. Taylor Ave.

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.

