

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

Do not use this space.

1465

1. PLACE OF DEATH

County Jasper
Township Waller
City Joplin (No. _____)

Registration District No. 411
Primary Registration District No. 2002

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

2. FULL NAME

(a) Residence, No. 126 Brownell St., _____ Ward.

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 - 1932

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

I HEREBY CERTIFY that I attended deceased from Jan 18, 1932, to Jan 18, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9, 1892

I last saw him alive on Jan 18, 1932. Death is said to have occurred on the date stated above, at 10:30 p.m.

7. AGE YEARS 39 MONTHS 10 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

Acute Peritonitis Date of onset _____

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in hosp 63

10. Date deceased last worked at this occupation (month and year) all his life Total time (years) _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 2

13. NAME W. M. Rayle

Name of operation Investigation Date of _____
What test confirmed diagnosis See Was there an autopsy? See

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Alice V. Davenport

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

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

17. INFORMANT (ADDRESS) Mrs. Binnie Rayle

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 1-29-32

Nature of injury _____

19. UNDERTAKER (ADDRESS) Waller & Co. Joplin, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Long Simons, M. D.

20. FILED 1/19, 1932 W. Henson Clark Registrar.

(Address) Corner Joplin Co.

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

FEB 24 1932

