

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

Do not use this space.

13988

1. PLACE OF DEATH 3761 Cook Ave  
 County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo (No. 3761 Cook St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 2. FULL NAME Mary Ann Rayford  
 (a) Residence, No. 3761 Cook St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 9 yrs. 9 mos. \_\_\_\_\_ da. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
 Registered No. 3292  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rufus Rayford  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1886  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
45 4 8  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 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) S. Carolina  
 13. NAME not known  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known  
 15. MAIDEN NAME not known  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known  
 17. INFORMANT Rufus Rayford  
 (ADDRESS) 3761 Cook Ave  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Apr. 10, 1932  
 19. UNDERTAKER Pepp's English  
 (ADDRESS) 2931 Lindbergh Ave  
 20. FILED PR - 1 1932 W. C. Harkley  
 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-1932  
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1931 to April 3, 1932  
 I last saw her alive on April 3, 1932. Death is said to have occurred on the date stated above, at 8 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
82R 82W  
133C 82W  
 Other contributory causes of importance:  
137B anemia due to 7 day suppression of urine from cerebral hemorrhage & apoplexy  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. R. Williams, M. D.  
 (Address) 823 - N. 16th

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.

