

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

Do not use this space.

37447

1. PLACE OF DEATH *Peter*

County *Peter*

Registration District No. *664*

File No. _____

Township _____

Primary Registration District No. *4399*

Registered No. *23*

City *Green Ridge* (No. _____)

St. _____ Ward _____

2. FULL NAME *Cora B. Flecker 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Chas. D. Rayburn</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 8 - 1867</i>		
7. AGE YEARS <i>66</i>	MONTHS <i>2</i>	DAYS <i>17</i>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <i>House Keeper</i>	11. Total time (years) spent in this occupation _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Her Own</i>	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Noble Ill</i>		
13. NAME <i>Dr. Wm. H. Flecker</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Virginia</i>		
15. MAIDEN NAME <i>Mary Catherine Parr</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Great Bend Ohio</i>		
17. INFORMANT (ADDRESS) <i>Edna Beach Green Ridge Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Green Ridge Mo</i> DATE <i>Nov 25th 1933</i>		
19. UNDERTAKER (ADDRESS) <i>G. R. Shelley Green Ridge Mo</i>		
20. FILED <i>Nov 24th 1933</i> <i>G. R. Shelley</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 23* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 19, 1933* to *Nov 23, 1933*

I last saw her alive on *Nov 23, 1933*. Death is said to have occurred on the date stated above, at *12:30* p.m.

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

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 _____, 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) *H. A. Hite* M. D.
(Address) *Green Ridge, 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.

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