

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

Do not use this space.

18078

JUN 18 1935

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City St. Louis

(No. 12th & Olive Sts)

File No. **4421**

Registered No.

St. Ward)

2. FULL NAME

Chas. L. Rayborn

(a) Residence, No. Warwick Hotel St. 25 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 1 22

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

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

10. Date deceased last worked at this occupation (month and year) May 1934 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord, Ill.

13. NAME Chas. L. Rayborn

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Bruce C. Rayborn
(ADDRESS) Los Angeles Calif.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Concord Ill. DATE May 17 1935

19. UNDERTAKER Alexander and Sons
(ADDRESS) 6175 Schuman

20. FILED J. B. Beedeck
MAY 16 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:50 A.M.

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

Chronic Myocarditis, Chronic Interstitial Nephritis, Arterio sclerosis, Cirrhosis Liver.

Date of onset

Other contributory causes of importance:

1246

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Harold P. Peltz, M. D.

(Address) Dep. of Health

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.

121
2

