

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

Do not use this space.

22344-2

1. PLACE OF DEATH ^{AGE 17 1935}

County Camden

Registration District No. 117

File No. 19

Township Walt-Reds-Camp

Primary Registration District No. 5167

Registered No. _____

2. FULL NAME

Marie (?) Rayen

(a) Residence, No. _____ St. _____ Ward. Stanss City -

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George E Rayen

22. I HEREBY CERTIFY, That I assumed deceased from July 20, 1935, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1899

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:00 a.m.

7. AGE YEARS 36 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. _____ or _____ min.

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

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

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

accidental
Drowning

13. NAME _____

Other contributory causes of importance:
Lake 7 Ozark near Purvis, Mo

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

at Walt Reds Camp

15. MAIDEN NAME _____

Name of physician _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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

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 home, or in public place.

17. INFORMANT Walt Reid

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18. BURIAL, CREMATION, OR REMOVAL PLACE Stanss City DATE unknown 19____

Manner of injury _____
Nature of injury _____

19. UNDERTAKER W & Kidwell

24. Was disease or injury in any way related to occupation of deceased? Woolery
If so, specify _____

20. FILED Dec 10 1935 Lizzie Miller Registrar.

(Signed) Atti Bankson Coroners
(Address) Camden, Mo

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.

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

ALL INFORMATION ENTERED
FOR MUST BE WRITTEN ON
THIS COPY OF FORM 1003

1. PLACE OF DEATH

County Camden
Township _____
City Purvis mo (No. _____)

Registration District No. 117
Primary Registration District No. 5767

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

Marie(?) Rayer
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 0 0

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

MOTHER FATHER
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec 10, 1935 Lizzie Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 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 _____ m.

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

1 accidental drowning
No boat involved
stepped off of dock
near Purvis mo
Date of onset _____

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

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) Alfie Bunker M.D.
(Address) Camden mo

SUPPLEMENTAL

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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