

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

Do not use this space.

25820

**1. PLACE OF DEATH** AUG 31 1935  
 County Cape Girardeau Registration District No. 125  
 Township 11 Primary Registration District No. 178 File No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. Diversin Channel, Highway 150) Registered No. 233 Ward \_\_\_\_\_

**2. FULL NAME** Colvin Rayborn  
 (a) Residence, No. 36 N. Ellis 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**

**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) August, 18th, 1935.

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF (OR) WIFE OF Grant Rayborn

**22. I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) November 20, 1905

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30 P.M.

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
29 8 28

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.** House wife  
**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** \_\_\_\_\_

Accidental Drowning. In Little Diversin Channel 2 miles south of Datchtown Mo;.. Date of onset \_\_\_\_\_

**12. BIRTHPLACE** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Blount

Other contributory causes of importance: None

**13. NAME** Colvin Schneider

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

**14. BIRTHPLACE** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Datchtown

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**15. MAIDEN NAME** Rose Cheat

**23. If death was due to external causes (violence), fill in also the following:** Accident, suicide, or homicide? Accidental Date of injury 8-18-1935.

**16. BIRTHPLACE** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Cape Girardeau

Where did injury occur? Diversin Channel. (Specify city or town, county, and State)

**17. INFORMANT** (ADDRESS) Grant Rayborn  
Cape Girardeau, Mo

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

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Memorial Park DATE August 22, 1935

Manner of injury. Drowning.

**19. UNDERTAKER** (ADDRESS) Long & Fry  
Cape Girardeau, Mo

Nature of injury \_\_\_\_\_

**20. FILED** 19 1935 J. M. Thompson Registrar.

**24. Was disease or injury in any way related to occupation of deceased?** If so, specify \_\_\_\_\_

(Signed) J. A. Moore 1/14/4  
 (Address) Cape Girardeau, Mo. Coroner.

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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**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
Township \_\_\_\_\_ Primary Registration District No. 5178-  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. 25820  
Registered No. 233

**2. FULL NAME** Edna Ruzbarn

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 29

8. Trade, profession, or particular kind of work done, as teacher, 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)

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\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 4-2-36 J.M. Thompson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 - 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:

Accidental Drowning  
no boat involved!  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

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) J. G. Moore Curran  
(Address) Cape Gir. 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.

5-25820