

JUN 22 1936

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

Do not use this space.

14926

1. PLACE OF DEATH

County Harrison

Registration District No. 338

Township

Primary Registration District No. 4201

City Gilman (No.)

St. Ward)

2. FULL NAME

Elyzabeth May 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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

W. W. Rayburn

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

Nov 12-1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

38

4

25

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.

10. Date deceased last worked at this occupation (month and year) April 1-36

11. Total time (years) spent in this occupation

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

State of Mo.

FATHER

13. NAME

Edward Oram

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

State of Mo.

MOTHER

15. MAIDEN NAME

Lucretia Ward

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

State of Mo.

17. INFORMANT (ADDRESS)

W. W. Rayburn
Gilman City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE in a chapel DATE April 9-1936

19. UNDERTAKER (ADDRESS)

W. B. Hays
Gilman City Mo.

20. FILED

6-10 19 36 W. W. Rayburn
Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 7-1936

22. I HEREBY CERTIFY, That I attended deceased from

April 4, 1936 to April 7, 1936

I last saw her alive on April 7, 1936. Death is said to have occurred on the date stated above, at 7:15 am

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

Pneumonia

Date of onset

5 days

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) W. W. Rayburn, M. D.

(Address) Gilman City 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.

