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

DEC 18 1936

Do not use this space.

44132

1. PLACE OF DEATH
County Clay Registration District No. 128 File No.
Township Fishing River Primary Registration District No. 301 Registered No.
City Excelsior Springs, Mo. (No. Veterans' Administration Facility, St. 3rd. Ward)

2. FULL NAME Finis E. Rayhill
(a) Residence, No. Vets. Adm. Facility, Excelsior St., Springs, Mo. Ward.
(Usual place of abode)
Beaman, Missouri.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred - yrs. - mos. 13 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
49	1	26	

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

FATHER
13. NAME Mathew Rayhill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Susan Dial
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT patient (ADDRESS) Mrs F.R. Rayhill Beaman, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beaman, Mo. DATE 12-6- 19 36

19. UNDERTAKER (ADDRESS) John Prather Excelsior Springs Mo

20. FILED 12-5- 19 36 Ken Rear McCracken Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1936, 19, to Dec. 5, 1936, 19
I last saw him alive on Dec. 5, 1936, 19 Death is said to have occurred on the date stated above, at 8:15 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance: None

Name of operation none Date of -
What test confirmed diagnosis? Exam. & Observation 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?
If so, specify

(Signed) H. C. HARDEGREE, M.D. Clinical Director M.D.
(Address) Veterans' Administration Facility
Excelsior Springs, Missouri.