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.

MAY 19 1936

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 47593
Township Kaw — Primary Registration District No. 1002 — Registered No. 20
City Kansas City (No. Missouri St. Ward)

2. FULL NAME Richard Raynesford.
(a) Residence, No. 2808 Chelsea 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Babe

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1936.

7. AGE — YEARS: Stillborn — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City Missouri

FATHER
13. NAME Kirk Cassius Raynesford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellis Kansas

MOTHER
15. MAIDEN NAME Helen Augusta Smart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stafford Kansas

17. INFORMANT (ADDRESS) Kirk Cassius Raynesford 2808 Chelsea

18. BURIAL, CREMATION, OR REMOVAL
PLACE Research Laboratory DATE 2-16-1936

19. UNDERTAKER (ADDRESS) —

20. FILED 2/18 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1936

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 11 15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillbirth	

Other contributory causes of importance:

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) D. D. Edmonds, M. D.
(Address) 4800 E 24 St