

AUG 25 1937

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

Do not use this space.

27589

1. PLACE OF DEATH

 County Laclede
 Township
 City Lebanon (No.
Registration District No. 449Primary Registration District No. 4267

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Anna Marie 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

MEDICAL CERTIFICATE OF DEATH

 3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lloyd Rayburn6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 38 3 12

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) Middletown Ill13. NAME J. W. Heaton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Minnie Snyder16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Co Ill17. INFORMANT (ADDRESS) Lloyd Rayburn
Middletown Ill18. BURIAL, CREMATION, OR REMOVAL PLACE Middletown Ill DATE 7/10 193719. UNDERTAKER (ADDRESS) W. E. Halman
Lebanon Mo.20. FILED 7-8-37 1937 J. A. McCoub Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/7 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. at 11:00 p.m. at 11:00 p.m. 1937 Death is saidto have occurred on the date stated above, at 11:30 p.m.

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

Fractured Skull
She was a passenger

Date of onset

Other contributory causes of importance:

Automobile accident

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? Accident Date of injury 7/7 1937Where did injury occur? Near Conway Mo.

(Specify city or town, county, and State)

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

on Hwy. 66Manner of injury torpedoed turtleNature of injury fractured skull24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. P. Palmer (Crossed)(Address) Lebanon Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

