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.

OCT 22 1937

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

Do not use this space.

File No. 34244
Registered No. 925

1. PLACE OF DEATH

County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield, Mo. (No. 1517 Washington St. Ward) 2

2. FULL NAME Nelle E. Rayl

(a) Residence, No. 1517 Washington St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Dr. J. E. Rayl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
55	7	7	

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Carthage (STATE OR COUNTRY) New York

FATHER

13. NAME Fred L. Bone
14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Katherine Louise Miller
16. BIRTHPLACE (CITY OR TOWN) Carthage (STATE OR COUNTRY) New York

17. INFORMANT Dr. J. E. Rayl (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Sep. 24, 1937

19. UNDERTAKER Herman Lohmeyer Funeral Home (ADDRESS) Springfield, Mo.

20. FILED Sept 24, 1937 Chas A. George M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sep. 1, 1936, to Sep. 22, 1937

I last saw her alive on Sep. 22, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

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

	Date of onset
Immediate cause Femoral Venous thrombus occured about 6 A-M Sep. 22, '37	
Principal cause general dropsy of about 2or 3 yrs. standing, sequella of endocarditis	

920

Other contributory causes of importance:
Endocarditis, as per history, of several years standing, also goiter or several years standing. Total thyroidectomy 7-'34

Name of operation Tapping ab: many times. Date
What test confirmed diagnosis? Clinical 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? No.
If so, specify
(Signed) J. E. Rayl, M. D.
(Address) Springfield, Mo.