

REC'D JUN 24 1938

3  
MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19410

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois(b) Township St. Francois(c) City FarmingtonRegistration District No. 773Primary Registration District No. 6018A(d) Street No. State Hospital #4Registered No. 60

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Anna Ryan Rayburn(a) Residence, No. Farmington, Mo. St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William N. Rayburn6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. ? 18707. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 5 --8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as saw mill, bank, etc. none  
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass.13. NAME John Ryan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME ''16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ''17. INFORMANT (ADDRESS) Flores Cembuster 2002 Spanish Dr., Brentwood18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE 5-7 193819. FUNERAL DIRECTOR (ADDRESS) Walt Bros. & Co. 2929 S. Jefferson Ave.20. FILED May 5, 1938 T. J. Robinson Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 193822. I HEREBY CERTIFY, That I attended deceased from September 21, 1933 to May 5, 1938I last saw him alive on May 4, 1938 Death is said to have occurred on the date stated above, at 6:40 a. m.

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

Arteriosclerosis, generalized marked  
Cerebral Hemorrhage, massiveDate of onset 5/7/38Other contributory causes of importance: Psychosis with Cerebral Arteriosclerosis 1911Name of operation None Date of noWhat test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no (Specify city or town, county, and State)

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

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify no(Signed) C. C. Ault, M. D.697 (Address) Farmington, Mo

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

L. E.

No. 3472 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**