

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

Do not use this space.

38399

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **City Trap # 2**)

File No.

Registered No. **L1015**

St. Ward)

2. FULL NAME

Christopher Rayford (Col)

(a) Residence. No. **3761 Brook** St., **11** 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 <i>male</i>	4. COLOR OR RACE <i>Co</i>	5. SINGLE; MARRIED, WIDOWED OR DIVORCED (write the word) <i>single</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan. 17, 1922*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>6</i>	<i>9</i>	<i>22</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *School Boy -*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Little Rock Ark*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Refus Rayford*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Earlsdale Ark*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Mary Paul*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *L. C.*
 (STATE OR COUNTRY)

14. INFORMANT *Refus Rayford*
 (Address) *3761 Brook Ave*

15. FILED *11/11/28*
 REGISTRAR *E. J. Stanley*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov. 8, 1928*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw him alive on 19....., and that death occurred, on the date stated above, at *3:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock + Injuries (fractured skull) struck by auto in St Louis Mo

CONTRIBUTORY (SECONDARY) *Accident*

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH *1880*

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *E. W. Kerner, M.D.*
 11/9, 1928 (Address) *Dep. Coroner*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Washington Park *11-11-1928*

20. UNDERTAKER
Peoples' und. Co *3100 Franklin*

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.

