WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 21 1931

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

(Do not use this space.

36834

1. PLACE OF DEATH
County Bates
Township Lone Oak
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 53
Primary Registration District No. 5083

File No. .....
Registered No. 47

2. FULL NAME Charles J Rayl
(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

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17. 1889

7. AGE YEARS 42 MONTHS 4 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stove Mechanic.
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) Nov 1931
11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montezuma Indiana.

FATHER
13. NAME William U G. Rayl.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Alice V. Dunford.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

17. INFORMANT (ADDRESS) L. W. Rayl Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joplin Mo. DATE Nov. 1931

19. UNDERTAKER (ADDRESS) Hurlbut Undertaking Co Joplin Mo.

20. FILED [illegible] 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on 5.15 A.M., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Burned up in Ford Automobile after striking bridge ~~over~~ 4 miles south on No 71.
210B

Date of onset

Other contributory causes of importance:
210B

Name of operation None Date of .....
What test confirmed diagnosis? Insp. Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 14
Where did injury occur? 4 miles s Butler No 71 31
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway No 71
Manner of injury Automobile struck bridge
Nature of injury Cremated.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) C. M. Rice, M. D.
(Address) Coroner Bates Co. Butler, Mo.