

SEP 21 1937

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

Do not use this space.

31358

1. PLACE OF DEATH

 County nodaway
 Township Nuggett
 City Graham (No., St. Ward)

 Registration District No. 1
 Primary Registration District No. 4373

 File No.
 Registered No. 3

2. FULL NAME

Marcha Jane Rayston
 (a) Residence, No. St. Ward.
 (Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. Rayston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 - 1849
 7. AGE YEARS 88 MONTHS 88 DAYS 8 If LESS than 1 day,hrs. ormin.

 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) (STATE OR COUNTRY) Fallmore - MO13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Delaney16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT P. A. Rayston (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Graham DATE Aug 17 193719. UNDERTAKER Campbell Funeral Home (ADDRESS) Maryville, Mo20. FILED Sept 19/1937 Special Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15 193722. I HEREBY CERTIFY, That I attended deceased from July 28 1937, to Aug 15 1937
 I last saw her alive on 8-12 1937 Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Heart block about July 25-28 Date of onset 37

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? 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) E. M. Findley, M. D.(Address) Graham - Mo.

Every piece of information should be taken up fully. It is to be placed in the space provided. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

