

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

Do not use this space.

25225

1. PLACE OF DEATH

111 County Wayne Registration District No. 891
Township Repton Primary Registration District No. 16191
City Anderson (No. _____) St. _____ Ward _____

File No. _____
Registered No. 116

2. FULL NAME

Benjamin Franklin Rayfield
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1852
7. AGE YEARS 80 MONTHS 3 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 _____

8. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Rayfield

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County, Missouri

13. NAME John Rayfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Mann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co, Missouri

17. INFORMANT (ADDRESS) Mrs. Bride Rayfield, Same Street, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Massena Cem. DATE July 12, 1932
19. UNDERTAKER (ADDRESS) Herman W. Fish, Piedmont, Mo.
20. FILED 7/11/32 J. C. Fisher, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1932
22. I HEREBY CERTIFY That I attended deceased from May 1, 1932 to July 10, 1932
I last saw him alive on 7-10, 1932 Death is said to have occurred on the date stated above, at 12:02 a.m.

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

Cerebral Hemorrhage
hypertension

Date of onset: _____
Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Est. James M. D.
(Address) Piedmont, Mo.

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.

AUG 29 1932

