

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.

PLACE OF DEATH

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

County Wayne
Township St. Francois Registration District No. 890 File No. 38157
or
Village _____ Primary Registration District No. 6188 Registered No. 48
or
City _____ (NO. _____ St.: _____ Ward _____)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME W. Houston Rainwater

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

DATE OF BIRTH Done - Nov 1861
(Month) (Day) (Year)

AGE 57 yrs. done mos. 14 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) 1-502

BIRTHPLACE (City or town, State or foreign country) Grenville Ind

NAME OF FATHER Cass Rainwater

BIRTHPLACE OF FATHER (City or town, State or foreign country) Illinois

MAIDEN NAME OF MOTHER Catherine Bishop

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Illinois

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt. Montgomery
(ADDRESS) Williamsville Mo

Filed Nov 2 1912 H. G. Wilson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 27th, 1912, to Nov 2, 1912, that I last saw him alive on Nov 1, 1912, and that death occurred, on the date stated above, at 6:33 p.m.

The CAUSE OF DEATH* was as follows:
Intestinal Tuberculosis

25
120
(Duration) _____ yrs. 6 mos. _____ ds.

Contributory Chronic Diarrhea
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Egan C. Phillips M. D.
Nov 2, 1912 (Address) Grenville, Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Woodwell Cemetery DATE OF BURIAL Nov 2, 1912

UNBERTAKER H. M. In Co ADDRESS Grenville Mo