

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

8953

1 PLACE OF DEATH

County JACKSON
Township KATAW
or
Village KANSAS CITY
or
City NO. Mercy 9th St.

Registration District No. 399

File No. 110

Primary Registration District No. 110

Registered No. 110

2 FULL NAME

Edith Pauline Rainwater

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Wh 5 SINGLE MARRIED WIDOWED OR DIVORCED Single

6 DATE OF BIRTH MAR-8-1898 (Month) (Day) (Year)

7 AGE 1 yrs. 3 mos. 3 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work None (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Kan

PARENTS 10 NAME OF FATHER J. L. Rainwater 11 BIRTHPLACE OF FATHER Mo 12 MAIDEN NAME OF MOTHER Grace Rodes 13 BIRTHPLACE OF MOTHER Kan

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. L. Rainwater (Address) Senape Kas

15 Filed MAR 15 1918 1918 Edith Rainwater Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3-13-1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 3-10-1918 to 3-13-1918, that I last saw her alive on 3-12-1918 and that death occurred, on the date stated above, at 39 m.

The CAUSE OF DEATH* was as follows: Tubercular Meningitis

(Duration) 3 yrs. 20 mos. 0 ds.

CONTRIBUTORY (Secondary) (Duration) 0 yrs. 0 mos. 0 ds.

(Signed) J. B. Chambers M. D. 3-15-1918 (Address) 29 Paulb

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

18 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...

19 PLACE OF BURIAL OR REMOVAL Senape Kas DATE OF BURIAL 3-14-1918

20 UNDERTAKER J. B. Chambers ADDRESS

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.

WALLS I BRANLI, WITH UNFOLDING INK—THIS IS A PAPER-EMULSION RECORD