

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

29150

1 PLACE OF DEATH

County Wayne
Township St Francis
or
Village
or
City (NO. St. Ward)

Registration District No. 890 File No.
Primary Registration District No. 6188 Registered No.

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

2 FULL NAME Horace Vinson Rainwater

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Boy 4 COLOR OR RACE w 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

16 DATE OF DEATH Sept 27 1925
(Month) (Day) (Year)

6 DATE OF BIRTH June 25 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 13th Sept, 1925, to Sept 27, 1925, that I last saw him alive on Sept 26, 1925, and that death occurred, on the date stated above, at 7 A m.

7 AGE 9 yrs. 3 mos. 2 ds. If LESS than 1 day... hrs. or... min.?

The CAUSE OF DEATH* was as follows:
Peritonitis
10
(Duration) yrs. mos. 2 ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work Student
(b) General nature of industry business or establishment in which employed (or employer)

CONTRIBUTORY (Secondary) Typhoid fever
(Duration) yrs. mos. 11 ds.
(Signed) Jno F Wagner M. D.
Sept 27, 1925 (Address) Greenville Mo.

9 BIRTHPLACE (City or town, State or foreign country) Wayne Co Mo.

10 NAME OF FATHER U. S. Rainwater

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Harrison Co Mo.

12 MAIDEN NAME OF MOTHER Lucy J. Sullivan

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Wayne Co Mo.

*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 10 yrs. mos. ds. In the 10 State 10 yrs. mos. ds.
Where was disease contracted if not at place of death? Don't know
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) U. S. Rainwater
(Address) Greenville Mo.

19 PLACE OF BURIAL OR REMOVAL Nicholson Cem. DATE OF BURIAL Sept 28, 1925

15 Filed Sept 28, 1925 Geo T Lupton Registrar

20 UNDERTAKER G. M. & W. Co. ADDRESS Greenville, 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.