

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.

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

PLACE OF DEATH
County Camden
Township Jackson or Village _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 119 File No. 12676
Primary Registration District No. 5771 Registered No. _____

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

FULL NAME John Rainwater

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>	DATE OF DEATH <u>Apr 30, 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Apr 7, 1853</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Nov 30, 1911, to Apr 30, 1912,</u>	
AGE <u>60</u> yrs. <u>23</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?			that I last saw him alive on <u>Apr 29, 1912,</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1-612</u>			and that death occurred, on the date stated above, at <u>2 A. m.</u> The CAUSE OF DEATH* was as follows: <u>Bright's disease</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Camden Mo</u>			131 W (Duration) <u>2</u> yrs. ___ mos. ___ ds.	
PARENTS	NAME OF FATHER <u>Hydeon E. Rainwater</u>		Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn</u>		(Signed) <u>At J. Blake</u> M. D. <u>Apr 29, 1912</u> (Address) <u>Montreal</u>	
	MAIDEN NAME OF MOTHER <u>Mary A. Hammond</u>		* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ky</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>E. D. Rainwater</u> (ADDRESS) <u>Montreal Mo</u> Where was disease contracted if not at place of death? Former or usual residence _____				
PLACE OF BURIAL OR REMOVAL <u>Montreal Penn</u>			DATE OF BURIAL <u>May 1, 1912</u>	
UNDERTAKER <u>X</u>			ADDRESS <u>X</u>	
Filed <u>Apr 30, 1912</u> <u>At J. Blake</u> REGISTRAR				

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH

County Cauden
Township Jackson
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 119 File No. 12676

Primary Registration District No. 5771 Registered No. _____

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

FULL NAME John Rainwaters

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) m

DATE OF BIRTH Apr. 7, 1852
(Month) (Day) (Year)

AGE 60 yrs. 2 mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.

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

BIRTHPLACE (City or town, State or foreign country) Cauden Mo.

PARENTS
NAME OF FATHER Gideon Rainwater
BIRTHPLACE OF FATHER (City or town, State or foreign country) _____
MAIDEN NAME OF MOTHER Mary A. Hancock
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. S. Rainwater

(ADDRESS) Montreal Mo.

Filed Apr 30 1912 W. J. Clarke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 30, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 20, 1911, to Apr 30, 1912, that I last saw him alive on Apr 29, 1912, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:
Bright's Disease

(Duration) 2 yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. J. Clarke M. D.
(Address) Montreal 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 Montreal Mo. DATE OF BURIAL May 1, 1912

UNDERTAKER James H. Low ADDRESS Richland