

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

1 PLACE OF DEATH
County Linn
Township Union
or Campbell
Village
or
City (NO. St. Ward)

Registration District No. 282 File No. 26087
Primary Registration District No. 5401 Registered No. 44

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

2 FULL NAME John F. Rainwater

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED married WIDOWED OF DIVORCED (Write the word)
6 DATE OF BIRTH March 11, 1868
(Month) (Day) (Year)
7 AGE 51 yrs. 5 mos. 14 ds. If LESS than 1 day... hrs. or... min.?

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

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

PARENTS
10 NAME OF FATHER Don't know
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know
12 MAIDEN NAME OF MOTHER Don't know
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Viola Rainwater
(Address) Campbell, Mo.

15 Filed Sept 10, 1918 W. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 23, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 2, 1918, to Aug 22, 1918, that I last saw him alive on Aug 22, 1918, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
33A
(Duration) 8 yrs. 8 mos. 8 ds.

CONTRIBUTORY (Secondary)
(Duration) 8 yrs. 8 mos. 8 ds.
(Signed) W. H. Gove M. D.
Aug 28, 1918 (Address) Campbell, 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 8 yrs. 8 mos. 8 ds. In the State 8 yrs. 8 mos. 8 ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Chester Cemetery DATE OF BURIAL Aug 23, 1918
20 UNDERTAKER Ornubud Campbell ADDRESS Campbell, Mo.