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 Ray

Township Rubyville or Village or City

Registration District No. 913 — File No. 31720

Primary Registration District No. 6236 — Registered No. 14

(NO. ____ St.; ____ Ward)

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

FULL NAME Lorenzy Rainwater

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male / Female — COLOR OR RACE: White — SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

DATE OF BIRTH: Aug. (Month) 13 (Day), 1910 (Year)

AGE: ✓ yrs. 2 mos. ✓ ds. — If LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country): Ray County

PARENTS

NAME OF FATHER: W. A Rainwater

BIRTHPLACE OF FATHER (City or town, State or foreign country): Ray County Mo

MAIDEN NAME OF MOTHER: Clara Hoffman

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Johnson County

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. A. Bales

(ADDRESS) Polo Mo

Filed Oct 13 191__ John F. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 13 (Day), 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 7, 1910, to Oct 12, 1910, that I last saw h~~e~~r alive on Oct 12, 1910, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ____ yrs. ____ mos. 7 ds.

Contributory (SECONDARY) Acute Meningitis

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

(Signed) George W Jones M. D.

Oct 13, 1910 (Address) Rayville 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: Family Cemetery — DATE OF BURIAL: 10/13 191__

UNDERTAKER: M P Pryor — ADDRESS: Polo Mo

I furnished this Burial Outfit