

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 Wayne  
Township St. Francois  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 890 File No. 12099  
Primary Registration District No. 6188 Registered No. 11

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

**FULL NAME** Thomas Benton Rainwater

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** Male **COLOR OR RACE** White **SINGLE MARRIED WIDOWED OR DIVORCED** Married  
(# write the word)

**DATE OF BIRTH** May 14, 1865  
(Month) (Day) (Year)

**AGE** 44 yrs. 6 mos. 17 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) St. Francois

**PARENTS**

**NAME OF FATHER** Francis Leberry Rainwater  
**BIRTHPLACE OF FATHER** Sevier Co. Tenn.

**MAIDEN NAME OF MOTHER** Sarah Moore  
**BIRTHPLACE OF MOTHER** Sevier Co. Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Geo. W. Rainwater  
(ADDRESS) Greenville, Mo.

Filed Apr 6 1910 D. G. Wilson  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** March 31, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 25, 1910, to Mar 31, 1910, that I last saw him alive on Mar 31, 1910, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
117  
1077  
(Duration) \_\_\_ yrs. \_\_\_ mos. 8 ds.

**Contributory** La. Gupper  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) J. W. Hale M. D.  
101 (Address) Greenville, 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** Rainwater Cem. Waynes Co. **DATE OF BURIAL** Apr 1, 1910  
**UNDERTAKER** Levi White **ADDRESS** Greenville, Mo.