

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

Do not use this space.

9744

**1. PLACE OF DEATH**

County Ray  
Township Ray  
City Ray (No. \_\_\_\_\_)

Registration District No. 915  
Primary Registration District No. 6236

File No. \_\_\_\_\_  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Rainwater  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Mar. 4, 1847

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>85</u>	<u>9</u>	<u>15</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**10. NAME OF FATHER**

John Rainwater  
(STATE OR COUNTRY) Missouri

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Ray  
(STATE OR COUNTRY) Missouri

**12. MAIDEN NAME OF MOTHER**

May Elliott  
(STATE OR COUNTRY) Missouri

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Ray  
(STATE OR COUNTRY) Missouri

**14.**

INFORMANT Chas. Rainwater  
(Address) P.O. Box 74

**15.**

FILED Mar 19 1932 Mrs. G.W. Games  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Mar. 19 1932

**17.**

I HEREBY CERTIFY, That I attended deceased from Mar 17, 1932, to Mar 19, 1932  
that I last saw him alive on Mar 19, 1932, and that death occurred, on the date stated above, at 1:45 P.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial Insufficiency  
131  
93D (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.  
CONTRIBUTORY (SECONDARY) Chronic Interstitial  
nephritis (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) D.G.W. Games, M. D.

Mar 19, 1932 (Address) Rayville, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Rainwater Care  
Richmond Mo. R.F.H.

**DATE OF BURIAL**

3/21/32 19

**20. UNDERTAKER**

C. M. Jones

**ADDRESS**

Richmond  
Mo

#2272

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 26 1932