

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Benton
City Kirksville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No. 11446
Registered No. 58
St. Ward

2. FULL NAME

(a) Residence, No. John McSassin Rainwater
(Usual place of abode) 4138 Lincoln St. Ward 4
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3, 1859</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>2</u>
	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Co. Treasurer</u>	11. Total time (years) spent in this occupation <u>3 yrs.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Adair Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>last of Oct.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
FATHER	13. NAME <u>Jno. A. Rainwater</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ciguency CO. Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Rachel Anna Cook</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>R. M. Rainwater</u> <u>205 N. Canal Aurora 24.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Cem.</u> DATE <u>Apr. 8, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Davis Wilson</u> <u>Kirksville Mo.</u>		
20. FILED <u>4-10</u> 19 <u>32</u> <u>Mrs C. H. Becker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1932, to April 6, 1932.
I last saw him alive on April 6, 1932. Death is said to have occurred on the date stated above, at 7 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic parenchymatous
131 Nephritis
93C
131
chronic myocarditis
1931
Other contributory causes of importance

Name of operation 3 Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. H. Webster, D.O.
(Address) Kirksville, Mo.

#2274

WRITE PLAIN Y, 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.

MAY 23 1932