

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

Do not use this space.

1. PLACE OF DEATH
County **Copperado.**

Registration District No. **218**
878 3014

File No. **10050**

Township

Primary Registration District No. **4222**

Registered No. **19**

City

**Boonville,
Mrs Lucy Rains,**

(No.)

St.

Ward)

2. FULL NAME

(a) Residence. No.

St.

Ward.

(If nonresident, give city or town and State)

(Usual place of abode)

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

Female

4. COLOR OR RACE

White

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

Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF **James Rains,**
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 22 1852

7. YEARS

76

MONTHS

5

DAYS

11

If LESS than 1 day, hrs.

or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Kentucky,

(STATE OR COUNTRY)

10. NAME OF FATHER

Elicia Kirby.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Lucindy Baker,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14.

INFORMANT

Cliff Rains,

(Address)

Fayette, Mo.

15.

FILED

3-20-19-29

J. D. Bonham

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

3/5/29

19

17.

I HEREBY CERTIFY, That I attended deceased from **22nd Feb**

1929, to Mar 5 1929

that I last saw her alive on **Mar 4 1929,** and that death occurred, on the date stated above, at **7:45 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Extensive burn
181
99 F

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Embolus

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Howard Co

© DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **C. A. Rawlins, M. D.**

, 19 (Address)

Boonville, 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

Howard Co. 3/5/29

DATE OF BURIAL

19

20. UNDERTAKER

Guy I. Halley, Fayette, Mo.

ADDRESS

Mo.

N. B.—Every item of information furnished on this certificate is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

7
1929
2
4

235

2

2

2

USE OF DEATH in this sense is not to be proposed as a general principle. It is very important to note that the word "DEATH" is used in a very different sense from its ordinary meaning. It is used in a technical sense, and is not to be taken literally. It is used to denote a state of affairs which is not necessarily fatal, but which is fatal in the sense that it is fatal to the interests of the community. It is used to denote a state of affairs which is fatal to the interests of the community, and is not to be taken literally. It is used to denote a state of affairs which is fatal to the interests of the community, and is not to be taken literally. It is used to denote a state of affairs which is fatal to the interests of the community, and is not to be taken literally.

5-10050