42

OCT 3 3 (1929)

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

Do not use this space.

30642

1. PLACE OF DEATH
County: Henry
Township: Peeds Creek
City: (No. ..... St. ..... Ward)

Registration District No. 347
Primary Registration District No. 5490

File No.
Registered No. 119

2. FULL NAME: Ruben Edmon Rains

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hallie Bell Rains

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 26 - 1904

7. AGE: Years 25 | Months 3 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(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): Benton - County

PARENTS
10. NAME OF FATHER: Ruben Edmon Rains
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Benton Co
12. MAIDEN NAME OF MOTHER: Jan Deacon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Near High Point - Mo

14. INFORMANT: D. W. Rains
(Address): Clinton Mo

15. FILED Sept 30 1929 Dr. E. C. Prelor M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-30 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unknown
(probably angonic Huntington's disease) found dead in bed
9 DB (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS

(Signed) G. H. Walker, Coroner, M. D.
9-30 1929 (Address) Clinton 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: Duncan Cemetery
DATE OF BURIAL: Oct 1 1929

20. UNDERTAKER: Spore & Son
ADDRESS: Clinton

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.