

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

Do not use this space.

3967

MAR 24 1930

1. PLACE OF DEATH

County Audrain
Township Wilson
City (No. _____) _____

Registration District No. 99
Primary Registration District No. 5037

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Nannie Rainey

(a) Residence No. _____ St. _____ Ward _____
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W.C. Rainey</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 17th 1860</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>9</u>
		<u>14</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1st 1930

17. I HEREBY CERTIFY That I attended deceased from Oct 10 - 1929 to Feb 1st 1930 and that I last saw him alive on Dec 1st 1929

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Canceroma of right lung
4972 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49 (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) J. O. Palmer M. D.

2/3, 1930 (Address) Centralia 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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Johnson Linder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF FATHER Mary Harcastle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Mary Rainey
(Address) Kennett City Mo.

15. FILED 3/3 1930 J. V. Hockerson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carrollton, Illin DATE OF BURIAL Feb 4 1930

20. UNDERTAKER M. J. McDonald ADDRESS Centralia Mo.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

K. 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.

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