OCT 31 1930

F R Morley

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

Do not use this space.

30717

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. ..... St. ..... Ward)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 2221

2. FULL NAME William LeRoy Raines
(a) Residence. No. 1317 East 5 St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
21	10	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Pattermaker
(b) General nature of industry, business, or establishment in which employed (or employer) M Opac
(c) Name of employer R R Co

9. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER James William Raines
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgetown
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Lula Simpson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mayfield
(STATE OR COUNTRY) Mo

14. INFORMANT J W Raines
(Address) Sedalia Mo

15. FILED 9-3 1930 J G Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1930 to Sept 1, 1930 that I last saw him alive on Sept 1, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia or
Broncho Septic Pneumonia.
1026
1138
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Tonsilitis
(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED 109132
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frank R Morley M. D.
Sept 2, 1930 (Address) Sedalia 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	DATE OF BURIAL
Sedalia Mo	9/3 1930

20. UNDERTAKER	ADDRESS
W Laughlin Bros	Sedalia

WRITE PLAINLY, 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.