

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.

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

Do not use this space.

NOV 25 1930

33271

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2002
 City Joplin (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

James Vincent Rakestraw
 (a) Residence No. 824 Virginia 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (prior the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 30, 1863</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>0</u>
		DAYS
		<u>1</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Author</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

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

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Fern Burton
 (Address) 824 Virginia

15. FILED 10/2, 19 30 Abner Clark
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1929, to Oct 1, 1930 that I last saw him alive on Sept 24, 1930, and that death occurred, on the date stated above, at 3:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
Prostatic Hypertrophy
137
192R (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia
 (duration) 14 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS usual

(Signed) LeRoy W. Barber M. D.
10/1, 1930 (Address) Joplin - 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 Park Cemetery
 DATE OF BURIAL 10/30

20. UNDERTAKER Ulmer - Drake
 ADDRESS Casthays

