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

Do not use this space.

40965

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 40965

Township ..... Primary Registration District No. 1003 ..... Registered No. 11624

City St Louis (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME James T. Rains

(a) Residence. No. ..... St., 12 Ward. Richland Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 - 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	11	9	

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

9. BIRTHPLACE (CITY OR TOWN) Laclede Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Washington Rains

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Claude A. Rains
(Address) Richland Mo.

15. FILED 11 ..., 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/6/30 ....., 19..., to ....., 19..., that I last saw him alive on 12/10/30, 19..., and that death occurred, on the date stated above, at 9.00 p. m.

116A THE CAUSE OF DEATH* WAS AS FOLLOWS:

131

Acute Uremic Poisoning (Suppression of urine) due to Chronic Nephritis ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cardio Spasm of oesophagus ..... (duration) ..... yrs. ..... mos. ..... ds.

1290

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Richland Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12/6/30.

WAS THERE AN AUTOPSY? Partial

WHAT TEST CONFIRMED DIAGNOSIS? Past Mortem Exam

(Signed) Kid son Talbott M. D.

12/11, 1930 (Address) Metrop-Bldg St. Louis

*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
Richland Mo.	12/13 1930
20. UNDERTAKER	ADDRESS
R. B. Teepel	Richland Mo.

CAUSE OF DEATH in plain ..., so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 1 1947

cated by check marks, lacking from the death certificate:

Name: James T. Rains

Who died at: St. Louis, Mo. on Dec. 10, 1930

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

129 A

CAUSE OF DEATH: Acute Uremic Poisoning

Suppression of Urine due to Chronic nephritis

Contributory: Cardia Spasms of Esophagus

Where was disease contracted? Operation for Stricture of the Esophagus

Did operation precede death? cause unknown Date of Div. of V. S. 6-17-31

Was there an autopsy? _____ What test confirmed diagnosis? _____

S-40965