

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

Do not use this space.

326

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.

12
FEB 18 1931

1. PLACE OF DEATH
 County Rutley Registration District No. 88
 Township Corn Island Primary Registration District No. 6268
 City (No.) St. Ward

2. FULL NAME Charline Rainwater
 (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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan, 28 - 1931</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					22. I HEREBY CERTIFY, That I attended deceased from <u>Jan, 25</u> , 19 <u>31</u> , to <u>Jan, 28 - 1931</u> I last saw her alive on <u>Jan 28</u> , 19 <u>31</u> . Death is said to have occurred on the date stated above, at <u>1:30</u> p.m. The principal cause of death and related causes of importance were as follows: <u>lobar pneumonia</u> Date of onset <u>1-25-31</u> <u>107 A</u> <u>107 W</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov, 1930 Est.</u>					Other contributory causes of importance: <u>None</u>	
7. AGE		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		11. Total time (years) spent in this occupation _____		
YEARS <u>00</u>	MONTHS <u>2</u>	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Desoto Missouri</u>		13. NAME <u>Charles Rainwater</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Little Rock Arkansas</u>		15. MAIDEN NAME <u>Helen Wagner</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Neelyville Missouri</u>		17. INFORMANT <u>Henry A. Wisdom</u> (ADDRESS) <u>Neelyville, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dunning Cntry.</u> DATE <u>Jan, 29 - 1931</u>					23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 1	
19. UNDERTAKER <u>Frankhardt Co</u> (ADDRESS) <u>Poplar - Bluff, Mo.</u>					24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify _____ (Signed) <u>R. T. Turner</u> , M. D. (Address) <u>Neelyville, Mo.</u>	
20. FILED <u>1-29 - 1931</u> <u>R. T. Turner</u> Registrar						

