

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.

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

Do not use this space.
Paul St.
1624025
File No. _____
Registered No. *163* St. _____ Ward _____

1. PLACE OF DEATH
 108 County *Wagon* Registration District No. *875*
 2 Township *Washington* Primary Registration District No. *6162*
 City *Nevada mo* (No. _____ St. _____ Ward _____)
 2. FULL NAME *Margaret Ann Raines*
 (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.

JUL 28 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Child</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 10 1925</i>		
7. AGE YEARS <i>5</i>	MONTHS <i>7</i>	DAYS <i>28</i>
If LESS than 1 day, hrs. or min.		
OCCUPATION		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Nevada Missouri</i>		
FATHER	13. NAME <i>Guy Raines</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>	
MOTHER	15. MAIDEN NAME <i>Olive Strong</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Nevada mo Wagon co</i>	
	17. INFORMANT (ADDRESS) <i>Guy Raines Nevada mo</i>	
	18. BURIAL, CREMATION, OR REMOVAL <i>Newton Cemetery</i> DATE <i>6/8</i> 19 <i>31</i>	
	19. UNDERTAKER (ADDRESS) <i>Very Funeral Home Nevada mo</i>	
	20. FILED <i>7-10</i> 19 <i>31</i> <i>E. R. King</i> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 7* 19*31*

22. I HEREBY CERTIFY That I attended deceased from *June 6* 19*31*, to *June 7* 19*31*
 I last saw her alive on *June 7* 19*31* Death is said to have occurred on the date stated above, at *5:30 P.M.*
 The principal cause of death and related causes of importance were as follows:
10 Laryngeal Diphtheria Date of onset *about June 5th*

Other contributory causes of importance *none*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Phys Exam* Was there an autopsy? *no*

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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *W. R. Rose* M. D.
 (Address) *Nevada, Mo*

