

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

Do not use this space.

3722

1. PLACE OF DEATH
 10 County Baane Registration District No. 72
 Township Centralia Primary Registration District No. 5111
 City Centralia (No. 5111) St. Centralia Ward 5

2. FULL NAME William Clinton Rawlings
 (a) Residence, No. Centralia St. Centralia Ward 5
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatha Rawlings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>10</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ironer

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) Kentucky 2

MOTHER / FATHER

13. NAME Wm. Rawlings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wickliffe 31

15. MAIDEN NAME Wickliffe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wickliffe

17. INFORMANT J. C. Rawlings
 (ADDRESS) Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Centralia Mo DATE 2/8/32

19. UNDERTAKER M. J. McDevane
 (ADDRESS) Centralia Mo

20. FILED Feb 8 19 32 J. F. Stickerson
 Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Sudden death -
Appt. apoplexy
was dead before I reached his home.
 Date of onset 2/8-32

Other contributory causes of importance:
820

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. F. Stickerson M. D.
 (Address) Centralia Mo

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.

PAR : 1 1932

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