

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.

FEB 30 1932

7186-1

My 20

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

Do not use this space.

7186-1

1. PLACE OF DEATH

County Wayne Registration District No. 640
 Township St. Francois Primary Registration District No. 4534
 City _____ (No. _____) _____ 6188 _____ St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

U. S. 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Levy Rainwater</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-6-1878</u>					
7. AGE	YEARS <u>53</u>	MONTHS <u>10</u>	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>				
	10. Date deceased last worked at this occupation (month and year) <u>-</u>				
11. Total time (years) spent in this occupation <u>-</u>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Ark</u>					
FATHER	13. NAME <u>Ramon Rainwater</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>				
MOTHER	15. MAIDEN NAME <u>Martha Hale</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wayne Co. Mo</u>				
17. INFORMANT (ADDRESS) <u>K. D. Rubelton</u> <u>Greenfield Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nicholson</u> COUNTY <u>Wayne</u> DATE <u>Feb 20</u> 19 <u>32</u>					
19. UNDERTAKER (ADDRESS) <u>Home</u>					
20. FILED <u>Feb 20</u> 19 <u>32</u> <u>A. G. Templeton</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1932 to Feb 19 1932
 I last saw him alive on Feb 18 1932 Death is said to have occurred on the date stated above, at 5.0 m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
108 / 108
 Other contributory causes of importance:
(D)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____ (Signed) O. A. Myera M. D.
 (Address) Greenfield, Mo.

