

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

Do not use this space.

9226

1. PLACE OF DEATH

County Mason Registration District No. 527
Township Mason Primary Registration District No. 3079
City Hannibal (No. St. Elizabeth Hosp.)

File No.
Registered No. 93 St. Ward)

2. FULL NAME Orian Williard Rains

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 1892</u>		
7. AGE <u>48</u> YEARS <u>48</u> MONTHS <u>48</u> DAYS	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) <u>Anderson</u> <u>Indiana</u>	13. NAME <u>John Branson Rains</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	15. MAIDEN NAME <u>Elizabeth Foster</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	17. INFORMANT <u>James Rains</u> (ADDRESS) <u>Monroe City Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Monroe City Mo.</u> DATE <u>3/20</u> 19 <u>32</u>	19. UNDERTAKER <u>Nelson & Son</u> (ADDRESS) <u>Monroe City Mo.</u>	
20. FILED <u>2/22</u> 19 <u>32</u>	REGISTRAR	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 14 1932 to Mar 17 1932

I last saw him... alive on Mar 17 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Mar 9.

Other contributory causes of importance:
108
108

Name of operation _____ Date of _____
What test confirmed diagnosis? pathology 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? no
If so, specify _____ (Signed) A. L. Shanks, M. D.
(Address) Hannibal Mo

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.

APR 28 1932

