

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

Do not use this space.

20433

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 423 E. Bway)

File No. _____
Registered No. 165
St. _____ Ward _____

2. FULL NAME

Leroy Raines
(a) Residence, No. 423 E. Bway St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Anne E Raines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 1 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 225

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) Mo

13. NAME J. E. Raines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Melissa Wine

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

17. INFORMANT (ADDRESS) Mrs. G. E. Raines
423 E. Bway

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6-29 1932

19. UNDERTAKER (ADDRESS) Mrs. Laughlin Bros
Sedalia Mo

20. FILED 6-23 1932 J. E. Love
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to June 21 1932
I last saw him alive on June 21 1932. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

1927 Brights disease
Other contributory causes of importance: 1 1/2!
Date of onset Oct 31

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) Frank R Morley M. D.
(Address) Sedalia 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.

JUN 26 1932

