

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.

JAN 23 1933

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

Do not use this space.

1. PLACE OF DEATH
 47 County Iron Registration District No. 39/1
 Township Acadia Primary Registration District No. 5546a
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME John H. Rain
 (a) Residence, No. _____ St. _____ Ward _____
 (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)

39488
File No. _____
Registered No. 52

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 62 - - -

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

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo
 13. NAME John H. Rain
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31
 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not know

17. INFORMANT W. H. Edwards
 (ADDRESS) St Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hannibal Mo DATE Dec 17, 1932

19. UNDERTAKER Acadialllynd Co
 (ADDRESS) Clinton Mo

20. FILED Dec 15, 1932 R. H. Raine
 Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 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 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Paralysis
 Date of onset _____

Other contributory causes of importance: (5)

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?
 If so, specify Edward G. Burchmore, M. D.
 (Signed) _____ (Address) Clinton Mo
Iron Co Mo

