

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

Do not use this space.

41915

1. PLACE OF DEATH

County..... Registration District No. 7071
 Township..... Primary Registration District No. 5705
 City St. Louis (No. Barnes Hospital) St. Ward) 2

File No.
 Registered No. 11005

2. FULL NAME

Grace Marie Rainwater
 (a) Residence, No. 603 W. 5th St., M Ward, Bicknell Ind.
 (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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Rainwater
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 32

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 13. NAME unk

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

15. MAIDEN NAME unk

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

17. INFORMANT Frank Lemmer (ADDRESS) Bicknell Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bicknell Ind DATE 12-14 32

19. UNDERTAKER Frank Lemmer (ADDRESS) Bicknell Ind

20. FILED DEC 12 1932 Ray C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-5 32 to 12-11 32

I last saw her alive on 12-11 32 Death is said to have occurred on the date stated above, at 2:10 p.m.

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

Fibrillation of Left 8th Cranial Nerve (not subsequent) Date of onset 2 yrs

Other contributory causes of importance: 540

Name of operation Craniotomy Date of 12-10-32
 What test confirmed diagnosis? Was there an autopsy? yes

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) James E. Pittman, M. D.
 (Address) Barnes Hospital

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.

