

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.

30 1933

D. W.

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

Do not use this space.

6621

1. PLACE OF DEATH  
 County New Madrid Registration District No. 267  
 Township St. John Primary Registration District No. 5803  
 City East Prairie (No. ....) St. .... Ward ....

2. FULL NAME Joe Press Rainey  
 (a) Residence No. East Prairie, Mo. 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>Clara Lou Rainey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10 - 1880</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>11</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		If LESS than 1 day, .... hrs. or .... min.
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>Illinois</u>		
13. NAME <u>Thomas A. Rainey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Sarah Bennett</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT <u>Arthur Dalhart Rainey</u> (ADDRESS) <u>East Prairie, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dogwood</u> DATE <u>2/19</u> 19 <u>33</u>		
19. UNDERTAKER <u>Travis Shelby</u> (ADDRESS) <u>East Prairie Mo.</u>		
20. FILED <u>Feb 19</u> 19 <u>33</u> , <u>Duffin Hooper</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1933, to Feb 18 1933  
 I last saw him alive on Feb 17 1933 Death is said to have occurred on the date stated above, at 4:40 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
109 108  
 Date of onset about Feb 7 33

Other contributory causes of importance:

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.

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) Geo W. Whitaker M. D.  
 (Address) East Prairie Mo.

