

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

Do not use this space.

MAR 24 1934

**1. PLACE OF DEATH**

42

County Henry  
Township Deepwater  
City (No. ....) (No. ....)

Registration District No. 352  
Primary Registration District No. 5493

File No. 4690  
Registered No. 3  
St. .... Ward)

**2. FULL NAME**

Lucinda M. Rainey

(a) Residence, No. .... 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry H Rainey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24-1842</u>		
7. AGE	YEARS <u>91</u>	MONTHS <u>1</u>
	DAYS <u>21</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>	
	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.....	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1934, to Feb 15, 1934.  
I last saw her alive on Feb 15, 1934. Death is said to have occurred on the date stated above, at.....m.

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

Myocarditis ch  
930

Other contributory causes of importance:

2

2

2

MOTHER FATHER

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

13. NAME Eli Moore

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

15. MAIDEN NAME Mary Starford

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

17. INFORMANT Theodor Wimbler  
(ADDRESS) Madison mo

18. BURIAL, CREMATION, OR REMOVAL  
Interment in St Clair DATE Feb 17, 1934

19. UNDERTAKER Frank Lee  
(ADDRESS) Appleton city mo

20. FILED Feb 16, 1934 J. M. Mullen  
Registrar.

Date of onset

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? No  
If so, specify .....

(Signed) W. R. Lee M. D.  
(Address) Appleton city, 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

