

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.

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

Do not use this space.

AUG 27 1934

25663

1. PLACE OF DEATH

County New Madrid
Township Anderson
City (No. _____) _____

Registration District No. 55
Primary Registration District No. 6262

File No. 10
Registered No. 1041
St. _____ Ward _____

2. FULL NAME

Wilford Ray Jainer
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21 1934</u>			
7. AGE	YEARS	MONTHS	DAYS
		<u>1</u>	<u>11</u>
		IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	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>New Madrid Co</u>			
FATHER	13. NAME <u>W. D. Jainer</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid Co Mo</u>		
MOTHER	15. MAIDEN NAME <u>Loy Mason</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>J. O. Tanner</u> (ADDRESS) <u>Gideon, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stanfield Cemetery</u> DATE <u>July 2nd 1934</u>			
19. UNDERTAKER <u>none</u> (ADDRESS) _____			
20. FILED <u>Aug 10 1934</u> <u>M. J. Mumm</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1934

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 7 a. m.

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

From recordColitis

Other contributory causes of importance _____

Date of case _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) H. E. Richards - Coroner(Address) New Madrid, Mo

