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.

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

FEB 25 1935

Do not use this space.

937

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 45
Township — Primary Registration District No. 3001 — Registered No.
City Springfield Mo. Holland Bldg. St. Ward)

2. FULL NAME Thomas C. Rainey
(a) Residence, No. 623 S. Missouri 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 – 1865

7. AGE: YEARS 69 — MONTHS 3 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator
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) Springfield Mo.

FATHER
13. NAME Wm R. Rainey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Rachel Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Clara Rainey 623 S. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE Jan. 23 1935

19. UNDERTAKER (ADDRESS) Elma Lohmeyer Springfield Mo.

20. FILED 1-23 1935 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 – 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him ~~alive on~~ dead 1 – 21, 1935. Death is said to have occurred on the date stated above, at 7 30 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Sclerosis

Other contributory causes of importance:

No Medical Attendance

Name of operation ..... Date of .....
What test confirmed diagnosis? Hearing Was there an autopsy? .....

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 .....
(Signed) Chas A. Georg Coroner, M. D.
(Address) Springfield Mo