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.

NOV 25 1935

33305

1. PLACE OF DEATH

County Macon — Registration District No. 5-27 4313 — File No.

Township — Primary Registration District No. 5-7-03 — Registered No.

City Bevier (No. , St. Ward)

2. FULL NAME John Rafter

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 10 1860

7. AGE: YEARS 75 — MONTHS 3 — DAYS 29 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) England

FATHER

13. NAME John Rafter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Kathryne Jennings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Kate Rafter, Bevier, Mo

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE St. Chas. Cem. Bevier DATE Oct-12- 1935

19. UNDERTAKER (ADDRESS) Albert Skinner, Macon, Mo

20. FILED Oct-15th 19 Edw Simpson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1935, to Oct. 9, 1935. I last saw him alive on Oct. 8, 1935. Death is said to have occurred on the date stated above, at 7:20 p.m.

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

	Date of onset
Chron. Prostatitis	
Uremia	
137	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Neg. Exam 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. Wiklch, M. D.

(Address) Callao Mo.