JAN 23 1936

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

Do not use this space.

39568

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Blue — Primary Registration District No. 1002 — Registered No. 4700
City Keeds Station (No. KANSAS CITY TUBERCULOSIS HOSPITAL Ward)
Kan. City

2. FULL NAME Rains - Mrs. Vera LEA
(a) Residence, No. 3407 Prospect St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ~~married~~ DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 25 - 1902

7. AGE — YEARS 33 — MONTHS 10 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registered Nurse
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) APRIL-1930
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OKLAHOMA CITY Okla

FATHER
13. NAME Smith - W. E.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CABOOL MISSOURI

MOTHER
15. MAIDEN NAME Kirk - Myrtle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARSHFIELD MISSOURI

17. INFORMANT (ADDRESS) K.C. T.B. Hosp. Keeds Station - K.C.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT MORIAH DATE DECEMBER 11, 1935

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111 - EAST - 9TH ST.

20. FILED Dec 11, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov - 1, 1935, to Dec - 9, 1935
I last saw her alive on Dec - 8, 1935. Death is said to have occurred on the date stated above, at 5 15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
~~Tuberculous [illegible]~~	
~~Tuberculous [illegible]~~	

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? Sputum 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?
If so, specify
(Signed) J. S. Hoffman, M. D.
(Address) K.C. T.B. Hospital Keeds, 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.