

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.

JUL 17 1936

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

Do not use this space.

9533-3

1. PLACE OF DEATH

County Callaway Registration District No. 102 File No. _____
Township _____ Primary Registration District No. 4069 Registered No. 872
City Auxvasse (No. _____) St. _____ Ward _____

2. FULL NAME

Maud Leah Raines

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
Widowed
(OR) WIFE OF Elmer C. Raines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
49 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Ringo County Iowa
(STATE OR COUNTRY) Iowa

FATHER 13. NAME Richard Jackson

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

MOTHER 15. MAIDEN NAME Sarah Daniels

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

17. INFORMANT Elmer C. Raines
(ADDRESS) Auxvasse, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Auxvasse DATE Mar. 29 1936

19. UNDERTAKER Hughes Maupin
(ADDRESS) Auxvasse, Mo.

20. FILED Mar. 29 1936 Mrs. H. G. Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1936

22. I HEREBY CERTIFY, That I attended deceased from January 17 1936, to March 27 1936

I last saw h. ef. alive on March 27 1936. Death is said

to have occurred on the date stated above, at 3.00 P

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

carcinoma of the intestines Date of onset _____

Other contributory causes of importance: None

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? _____

If so, specify C. B. Nichols

(Signed) _____, M. D.

(Address) Auxvasse, Missouri

