JUN 26 1936

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

Do not use this space.

21574

File No.

Registered No. 196

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248B

City Jefferson Barracks (No. Veterans ~~Missouri~~ Hosp St. Ward)

2. FULL NAME Robert C. RAINES

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

Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE OF~~) Mrs. Virginia Raines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 4, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	5	19	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Repair Shop

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bluefield, Va.

FATHER

13. NAME George Raines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable ~~unavailable~~

MOTHER

15. MAIDEN NAME unavailable

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

17. INFORMANT M. Schulley
(ADDRESS) Clinical Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farmington, Mo. DATE May 23, 1936

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 South Broadway, St. Louis,

20. FILED May 23 1936 L. Maury Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935, 19..., to May 23, 1936

I last saw him alive on May 23, 1936 Death is said to have occurred on the date stated above, at 4:30 m. a.m.

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

	Date of onset
Tuberculosis, Pulmonary, Far Advanced (C)	unknown

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Clinical manifestations, xray, laboratory 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

No (Signed) C. W. Hughes, M. D., M. D.

(Address) C. W. HUGHES, M. D. Chief Medical Officer. Jefferson Barracks, 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.