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

SEP 9 1936

Do not use this space.

26220

1. PLACE OF DEATH
County Green — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 568
City Springfield (No. 516 Normal St. Ward)

2. FULL NAME Herman Rains
(a) Residence, No. 516 Normal Ave 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1873

7. AGE: YEARS 62 — MONTHS 11 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Casket Co
10. Date deceased last worked at this occupation (month and year) July 2, 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, State of Missouri

FATHER
13. NAME Thomas H. Rains
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Mary Wallace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) H. C. Rains 516 Normal Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE 7/5 1936

19. UNDERTAKER (ADDRESS) Herman Rahmeyer Springfield Mo.

20. FILED 7-5-36, 19 Orchard George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1936, to July 3, 1936
I last saw him alive on was dead upon arrival 19— Death is said to have occurred on the date stated above, at 5:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis attact coming on 5:15 am	7-3-36

94 b

Other contributory causes of importance: None

Name of operation — Date of
What test confirmed diagnosis? Symptomatic 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) Lester R. Webber, M. D.
(Address) Springfield Mo.