APR 28 1937

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

Do not use this space.

13785

1. PLACE OF DEATH
County: Scott — Registration District No.: 1151 — File No.:
Township: Kelso — Primary Registration District No.: 4188 — Registered No.:
City: Fornfelt (No. ..., ... St. ..... Ward)

2. FULL NAME: William S. Rainey
(a) Residence, No.: Fornfelt St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred: 20 yrs. 0 mos. 0 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~~: Lola Rainey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-12-1875

7. AGE: 61 YEARS, 7 MONTHS, 0 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
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): 2 years
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton Ind.

FATHER
13. NAME: Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): N E Rainey Fornfelt Mo

18. BURIAL, CREMATION, OR REMOVAL: Kelso
PLACE: Lighinter Cem. DATE: 4-13 1937

19. UNDERTAKER (ADDRESS): Bispling Hoff & Hubbard Illmo Mo

20. FILED: 4/13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/12/37, 19..., to 4/12/37, 19...
I last saw him alive on 4/12/37, 19... Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:

Diabetic Coma

Date of onset

Other contributory causes of importance:
acidosis
Diabetes
Senility

Name of operation: none — 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: none
Nature of injury: ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: ✓
(Signed) V. E. Lee, M. D.
(Address) [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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