

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bates Registration District No. 366 File No. 23126
Township Spence Primary Registration District No. 5091 Registered No. 7
City Butler Mo. (No. 9) St. 7 Ward)

2. FULL NAME

Julia Raine
(a) Residence, No. 1 Butler Mo. St. 7 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 63 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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1873
7. AGE YEARS 63 MONTHS 4 DAYS 27 If LESS than 1 day, hrs. or min.

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) Sept - 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo.

13. NAME W. Raine

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

15. MAIDEN NAME Elizabeth Hall

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

17. INFORMANT (ADDRESS) Mrs. Woodley
Appleton City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo. DATE 6-11-37

19. UNDERTAKER (ADDRESS) Frank McKusack
Clinton Mo.

20. FILED 19 37 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-1937

22. I HEREBY CERTIFY, That I attended deceased from Butler, 1935 to June 9, 1937
I last saw her alive on June 8, 1937 Death is said to have occurred on the date stated above, at 4:40 AM
The principal cause of death and related causes of importance were as follows:

Causes of preterminal and terminal events Date of onset

Other contributory causes of importance: None

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? NO

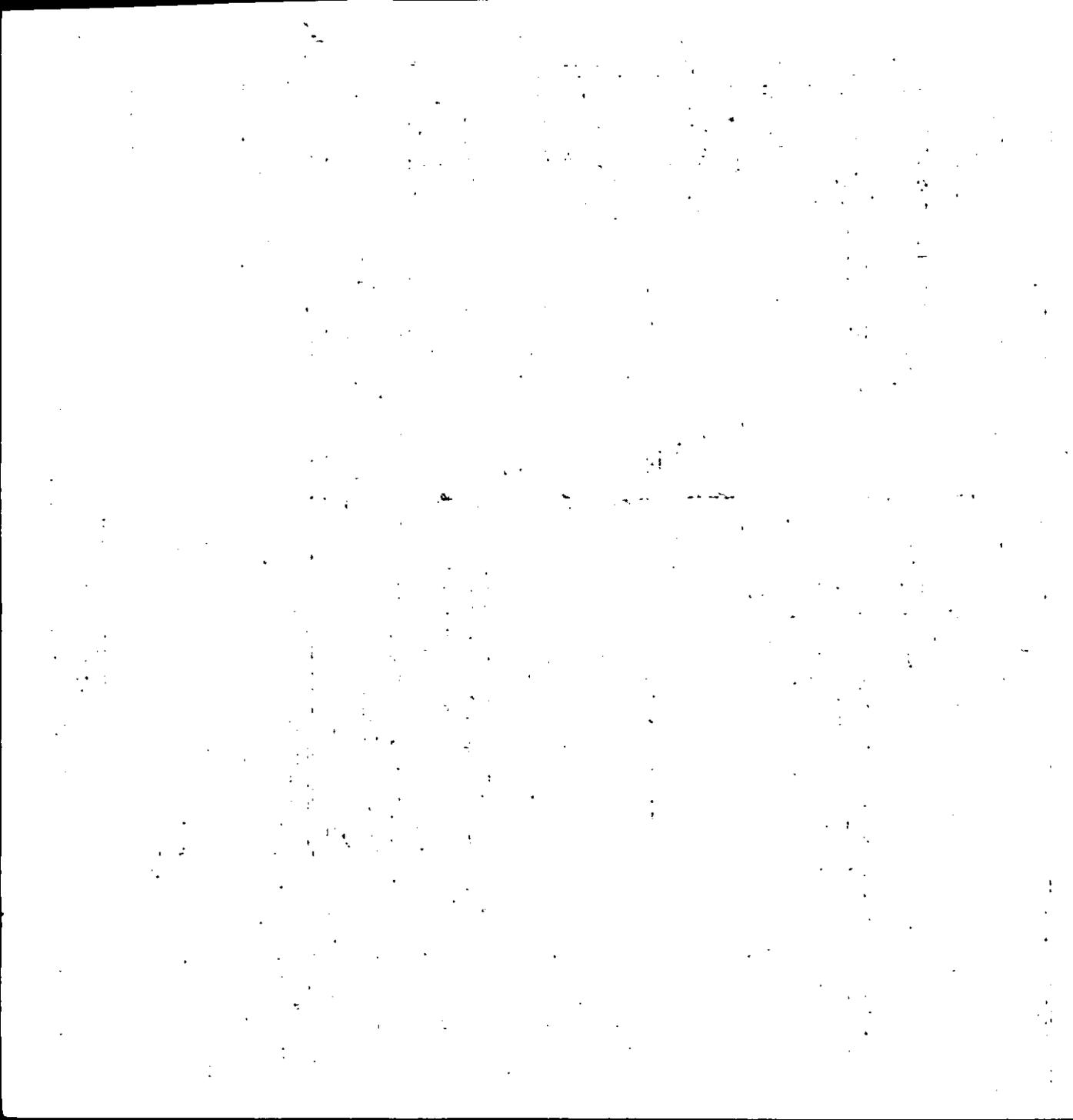
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury 1937
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 1
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify None

(Signed) W. R. Smith, M. D.

(Address) Wichita Mo.



S-23126