

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

Do not use this space.

AUG 31 1937

1. PLACE OF DEATH

County Vernon
Township Cooter
City Nevada (No.) St. Ward)

Registration District No. 875
Primary Registration District No. 3039

File No. 28595
Registered No. 198

2. FULL NAME Nellie Mae Raines

(a) Residence, No. 320 N. Washington St., Ward. (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 F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 10 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) (STATE OR COUNTRY) Schellville, Missouri

FATHER 13. NAME Earl Raines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kettermass, Missouri

MOTHER 15. MAIDEN NAME Mae Raines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sagstone, Texas

17. INFORMANT (ADDRESS) Mae Mae Raines Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL Colorado Springs DATE July 30, 1937

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada, Mo.

20. FILED Jul 29 1937 Allen J. Evans Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1937

22. I HEREBY CERTIFY, that I attended deceased from April 10, 1937 to July 28, 1937. I last saw her alive on 7-26-37, 19..... Death is said to have occurred on the date stated above, at 7:40 P.M.

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

acute fulminating pulmonary tuberculosis Date of onset Feb 20, 1937

Other contributory causes of importance: None

Name of operation..... Date of.....
What test confirmed diagnosis? Prussian Was there an autopsy?.....

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) W. H. Gray, M. D.
(Address) Nevada, Mo.

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.

