SEP 20 1937

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

Do not use this space.

File No. 30909

Registered No.

1. PLACE OF DEATH
County: Jasper
Township:
City: Carterville (No. 319 W. Daugherty St. Ward)

Registration District No. 407
Primary Registration District No. 4241

2. FULL NAME: Hettie Arilla Raines

(a) Residence, No. 319 W. Daugherty St., Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
235	58	11	9	

OCCUPATION

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates County Missouri

FATHER

13. NAME Jackson Slater

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

MOTHER

15. MAIDEN NAME Mary E. Mann

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

17. INFORMANT Mrs. Anderson Raines
(ADDRESS) Carterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE Aug. 26, 1937

19. UNDERTAKER Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED Aug. 25 1937 J. W. Clark. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1937, to Aug 24, 1937

I last saw her alive on Aug 22, 1937 Death is said to have occurred on the date stated above, at 9:35pm

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

	Date of onset
Carcinoma of liver	?

Other contributory causes of importance:

Name of operation 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) N. E. Byrd, M. D.
(Address) Carthage 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.