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

Do not use this space.

NOV 19 1937

2/1

1. PLACE OF DEATH
County Morgan
Township Buffalo
City ..... (No. ..... St. ..... Ward)

Registration District No. 598
Primary Registration District No. 5794

File No. 38310
Registered No. 40

2. FULL NAME Ellen Nadine Raines

(a) Residence, No. ..... 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 F.M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1-1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	7	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Morgan Co. Mo

FATHER
13. NAME Harry Raines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo

MOTHER
15. MAIDEN NAME Victoria Hanrahan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo

17. INFORMANT (ADDRESS) Harry Raines Gravois Mills, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sidebottom Cem. DATE Oct 11, 1937

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles, Mo.

20. FILED Oct 11, 1937 W E Hulett
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937 to Oct 10, 1937
I last saw her alive on Oct 10, 1937. Death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance were as follows:

Cholera Infantum

Date of onset

Other contributory causes of importance:

J19a

Name of operation ..... Date of .....
What test confirmed diagnosis? — 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? .....
If so, specify .....
(Signed) S N Newton, M. D.
(Address) Versailles Mo.