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.

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 45704
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. St. Johns Hospital Ward)

2. FULL NAME Verl W. Rains
(a) Residence, No. ~~St.~~ Ward. Galena Kans
(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: 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~~ Mable Rains

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24-1893

7. AGE: YEARS 44 — MONTHS 7 — DAYS ~~27~~ 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. P. A. 301
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) Galena Kansas

FATHER
13. NAME Chas. Rains
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Estella Shelton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mable Rains Galena Kans.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Galena, Kans DATE 12-30 1937

19. UNDERTAKER (ADDRESS) Boice Und. Co. Galena Kans

20. FILED 12-31 1937 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1937, to Dec 30, 1937
I last saw him alive on Dec 30, 1937. Death is said to have occurred on the date stated above, at 11 45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal skull fracture	12/25/37

Other contributory causes of importance: 156

Name of operation none Date of
What test confirmed diagnosis? spinal pk. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accid. Date of injury Dec 25, 1937
Where did injury occur? Galena Kan (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Galena, Kans city Bldg
Manner of injury Fall on head
Nature of injury Brain Damage

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Sam A. Gunther Jr. M. D.
(Address) Frisco Bldg Joplin Mo.