WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
26 County Cole
3 Township
5 City Jefferson City (No. Saint Mary's Hospital St. Ward)

Registration District No. 213
Primary Registration District No. 3014

File No. 6506
Registered No. 44

2. FULL NAME Kenneth Raithel 340
(a) Residence, No. 615 West McCarty 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: Male
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) Jan. 5, 1937

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
1	0	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
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) Jefferson City, Mo. 0

FATHER
13. NAME Herbert Raithel 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo. 0

MOTHER
15. MAIDEN NAME Mildred Kemper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnots Mill, Mo.

17. INFORMANT (ADDRESS) Herbert Raithel 615 W. McCarty St. J.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Resurrection Cem DATE Feb. 4, 1938

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home Jefferson City, Mo.

20. FILED 2/4/ 1938 S. V. Bicopol M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1938, to Feb 2, 1938
I last saw him alive on 7 pm Feb 2, 1938 Death is said to have occurred on the date stated above, at 8:30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1/31/38
107a	

Other contributory causes of importance:

Tonsillitis	1/28/38
Prematurity	Birth

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. B. Creason, M. D.
(Address) Jefferson City, Mo