REC'D JUN 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin
Township Freedman
City Hot Clarkton (No. ..... St. ..... Ward)
Registration District No. 284
Primary Registration District No. 5403
File No. 18184
Registered No. 8

2. FULL NAME Ella Rainey 500
(a) Residence, No. ..... 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 F
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 Doc Rainey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1888
7. AGE 49 YEARS ~~50~~ MONTHS 10 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

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) Clay County Ark

FATHER
13. NAME Will Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chattanooga Tenn

MOTHER
15. MAIDEN NAME Mattie Bradford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ark

17. INFORMANT (ADDRESS) Doc Rainey Clarkton
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sleygfield DATE 5-11 1938
19. UNDERTAKER (ADDRESS) Hoyt Russell Biggott Ark
20. FILED MAY 14 1938 J B Stemmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9th, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to May 9, 1938
I last saw her alive on May 8, 1938 Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmony T. B.	1930

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Rey 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) Graydon Carlton M. D.
(Address) Malden

259