

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.

REC. MAR 20 1939

1. PLACE OF DEATH

County *Pike*

Township *Sumner*

City *Sumner*

Registration District No. *654*

Primary Registration District No. *5912*

File No. *7518*

Registered No. *4*

St. _____

Ward _____

2. FULL NAME *John Walter Scott Raney*

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *male*

4. COLOR OR RACE *white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/15* 19*39*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 1* 19*39* to *Feb 15* 19*39*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *S. J. Raney*

I last saw him alive on *2/14* 19*39* Death is said

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 24/1857*

to have occurred on the date stated above, at *3* m.

7. AGE

YEARS *51*

MONTHS *7*

DAYS *20*

IF LESS than 1 day, _____ hrs. or _____ min.

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

Arteriosclerosis

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

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 _____

Other contributory causes of importance:

*Chronic Diet Deficiency
Chronic Endocarditis*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Warrington Co. Ky*

13. NAME *John Raney*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Peru Pa*

15. MAIDEN NAME *Mary Spigal*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Peru Pa*

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL *Peru Cemetery* DATE *2-16-1939*

19. UNDERTAKER (ADDRESS) *Wm B and head*

20. FILED *5-1-39* 1939 *Wm B and head* Registrar

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? *No*

If so, specify _____

(Signed) *J. M. Mathews*

(Address) *Bowling Green Mo.*

M. D.

RECEIVED

District Health Officer No. 10

District File Number 10-39-369

Date Filed MAR 3 1959