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 JUL 17 1939

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

Do not use this space.

22923

1. PLACE OF DEATH

80 County Pettis 2 1 Registration District No. 664 File No.

4 Township Primary Registration District No. 3032 Registered No. 190

4 City Sedalia (No. , St. Ward)

2. FULL NAME 520 Mrs. Malldonia Raines

(a) Residence, No. 509 East Jackson 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: Female
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: John William Raines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 10, 1873

7. AGE: Years 65, Months 10, Days 2. If LESS than 1 day, hrs. or min.

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.: Housewife
10. Date deceased last worked at this occupation (month and year): 5/15/39
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard County Missouri

FATHER
13. NAME: Enoch Spry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard County Missouri

MOTHER
15. MAIDEN NAME: Sarah Shiflett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lynn County Missouri

17. INFORMANT (ADDRESS): Mrs. Margueritte Pollard 509 East Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE: Malta Bend, Mo. DATE: 6/14/39

19. UNDERTAKER (ADDRESS): Duane Ewing Sedalia, Mo. 906

20. FILED 6-12- 1939 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1939 to June 12, 1939

I last saw her alive on June 12, 1939 Death is said to have occurred on the date stated above, at 4 a.m.

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

Cerebral Hemorrhage (apoplexy) — Date of onset May 1939

Other contributory causes of importance: Hypertension, arterio sclerosis

Name of operation: none Date of

What test confirmed diagnosis? Phy. Exam 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? no

If so, specify

(Signed) [signature] M. D.

(Address) Sedalia Mo.

Dr Beckemeyer
120 West 5th

RECEIVED
District Health Officer No. 8
7/13/39