CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCTOBER is very important.

OCT 19 1939

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

Do not use this space.

33124

1. PLACE OF DEATH

County: Nodaway

Township: No. Lincoln

City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 621

Primary Registration District No. 5818

File No. .....

Registered No. .....

2. FULL NAME 520 Baby Raines

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	0	0 hrs. 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Elmo
(STATE OR COUNTRY) Mo

FATHER

13. NAME Ernie Raines

14. BIRTHPLACE (CITY OR TOWN) Burlington Jct.
(STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Arletta Jones

16. BIRTHPLACE (CITY OR TOWN) Elmo
(STATE OR COUNTRY) Mo

17. INFORMANT Ernie Raines
(ADDRESS) Elmo, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE IOOF Cemetary DATE 9-5-39, 19

19. UNDERTAKER J.R.Hann Funeral Home
(ADDRESS) Burlington Jct. Mo.

20. FILED Sep 5, 1939 Selus D Hann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1939, 19

22. I HEREBY CERTIFY That I attended deceased from Sept 3, 1939 to Sept 3, 1939

I last saw living Sept 3, 1939. Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
Stillborn	Sept 3 1939

Other contributory causes of importance:

Name of operation no Date of .....

What test confirmed diagnosis? none 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) G. C. Beaty M. D.

(Address) Blockerville, Iowa

District

District File Number 1039 - 1283

Date Filed OCT 12 1939