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.

FILED MAY 17 1940

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

Do not use this space.

15748

File No.

Registered No. 165

1. PLACE OF DEATH
County: Pettis
Registration District No. 668
Township:
Primary Registration District No. 5032
City: Sedalia (No. 570 Bothwell Hosp St. Ward)

2. FULL NAME: PAUL EDWARD RAINES

(a) Residence, No. Green Ridge Mun. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Matte-Warren-Rainer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6th 1910

7. AGE: Years 29 Months 11 Days 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Labor
10. Date deceased last worked at this occupation (month and year) Apr 29 1940
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Green Ridge Pettis Co Mo

FATHER
13. NAME Andrew J. Rainer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Indiana

MOTHER
15. MAIDEN NAME Jeanie Ann Kyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Near Green Ridge Pettis Co Mo

17. INFORMANT Olive Rainer
(ADDRESS) Green Ridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Ridge DATE May 1st 1940

19. UNDERTAKER G. R. Shelley
(ADDRESS) Green Ridge Mo

20. FILED 5-2- 1940 Mrs Nancy Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 28 1940 to Apr 29 1940
I last saw h. alive on Apr 29 1940 Death is said to have occurred on the date stated above, at 8:45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Rev. 22 Long Rifle	

Other contributory causes of importance: 167

Name of operation: Date of
What test confirmed diagnosis? Post Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Apr 28 1940
Where did injury occur? Green Ridge Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gun Shot
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. E. Mitchell, M. D.
(Address) Sedalia Mo

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-15-40

MAY 7 1946