

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 14 1941

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

Do not use this space.

14690

1. PLACE OF DEATH

County Henry  
Township Jessamine  
City Clinton (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 5501A

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary E Raney

1 (a) Residence, No. Henry Co. mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 69 yrs. mos. ds. 0 How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John A. Raney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-15-1872</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>3</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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 <u>Life</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29-1941

22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1941, to 4-29, 1941.

I last saw him... alive on 4-29, 1941. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

apoplexy

Other contributory causes of importance:

hypertension

Date of onset 4-29-41

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. Walker M. D.  
 (Address) Clinton mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co Mo</u>
FATHER 13. NAME <u>James Delozier</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
MOTHER 15. MAIDEN NAME <u>Alabama Julian</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilkesboro</u>
17. INFORMANT (ADDRESS) <u>Wm Raney Clinton mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>First cem</u> DATE <u>4-29-41</u>
19. UNDERTAKER (ADDRESS) <u>Fred C. Wilkinson Clinton mo</u>
20. FILED <u>4-30-1941</u> <u>W. J. R. Home</u> Registrar.

RECEIVED

District Health Officer No. 7,

District File Number 5-41-875

Date Filed 5-13-41