

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

Do not use this space.

9744

**1. PLACE OF DEATH**

89 County Ray Registration District No. 915  
 Township Rayville Primary Registration District No. 6236  
 City Rayville (No. ....) St. .... Ward)

File No. ....

Registered No. 2

**2. FULL NAME**

John Rainwater  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 4, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
85 9 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) —  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Geo. Rainwater

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Mary Elliott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Chas. Rainwater  
 (Address) Polo. Mo. R. F. 4.

15. FILED Mar. 19, 1932 Mrs. G. W. Games  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 19 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1932, to Mar 19, 1932 that I last saw deceased alive on Mar 19, 1932, and that death occurred, on the date stated above, at 1:45 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial Insufficiency  
131

930 (duration) .... yrs. .... mos. 4 ds.  
 CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 1 yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH X  
 DID AN OPERATION PRECEDE DEATH? no DATE OF ⓪  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) D. G. W. Games M. D.  
 (Address) Rayville, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rainwater Cem  
Raymond Mo. R. F. 4. DATE OF BURIAL 3/21/32 19

20. UNDERTAKER C. M. Jones ADDRESS Raymond Mo.

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.

APR 28 1932

PARENTS

