

NOV 26 1930

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

Do not use this space.
33867

1. PLACE OF DEATH

County Ray,
Township Polk,
City Lawson (No.)

Registration District No. 742
Primary Registration District No. 5977a

File No. 2
Registered No. 2
St. Ward

2. FULL NAME Leland W. 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, Single,
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. -15th. -1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>14</u>	<u>10</u>	<u>19</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student, 12/13
(b) General nature of industry, business, or establishment in which employed (or employer) School Work, 12/9
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ray County,
(STATE OR COUNTRY) Mo.,

10. NAME OF FATHER J. A. Rainwater,

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

12. MAIDEN NAME OF MOTHER Jessie Post,

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

14. INFORMANT J. A. Rainwater,
(Address) Lawson, Mo.

15. FILED Nov 6, 19 30 Edwin Shouse
REGISTRAR

2 - MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1930, to Oct 4 1930 that I last saw him alive on Oct 4 1930 and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Appendicitis and Peritonitis
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 11/16
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED place of death
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF -

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) W. H. Estick, M. D.
, 19 (Address) Lawson 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 Lawson Cemetery, --Oct. -8th. -1930 DATE OF BURIAL

20. UNDERTAKER E. P. Michael -Raymer, Mo. ADDRESS

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.

RECORD WITH OUPDING MK---THIS IS A PERMANENT RECORD

