

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

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

37636

1 PLACE OF DEATH
County Camden
Township Anglo Registration District No. 275 File No. 74
or Stoutland Primary Registration District No. 5-PTD B Registered No.
or
City (NO. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Abernon B Rainwaters

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH May 16 1945
(Month) (Day) (Year)

7 AGE 72 yrs 5 mos 15 ds If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Camden Co Mo

PARENTS
10 NAME OF FATHER Edwin Rainwaters
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky
12 MAIDEN NAME OF MOTHER Mary Hammonds
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. P. Rainwaters
(Address) 8316 Highland ave
W. City

15 Filed Nov 1917 H. P. Rainwaters
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 1 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 11 1917 to Nov 1 1917, that I last saw him alive on Oct 9 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
Chronic nephritis
1st
9870/20
(Duration) yrs. mos. ds.

CONTRIBUTORY Senile Gangrene
(Secondary) (Duration) yrs. mos. ds.
(Signed) H. P. Rainwaters M. D.
Nov 7 1917 (Address) Stoutland

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 60 yrs. mos. ds. In the 60 State yrs. mos. ds.
Where was disease contracted if not at place of death? Place of Death
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Stoutland Cemetery DATE OF BURIAL Nov 3 1917
20 UNDERTAKER name ADDRESS