

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.

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

1 PLACE OF DEATH

County Camden
Township Jackson
or
Village
or
City

Registration District No. 119 File No. 14053
Primary Registration District No. 5771 Registered No.
(NO. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Martha Rainwater

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 15 1887
(Month) (Day) (Year)

7 AGE 60 yrs. 3 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work None - the Person
(b) General nature of industry business or establishment in which employed (or employer) was feeble minded

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

PARENTS
10 NAME OF FATHER Gideon E Rainwater
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky
12 MAIDEN NAME OF MOTHER May Ann Hammond
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Rainwater
(Address) Memphis Mo

15 Filed Apr 24 1917 H J Clarke
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 25 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apr 19 1917 to Apr 25 1917, that I last saw him alive on Apr 25 1917 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:
Pneumonia
9/107 A

CONTRIBUTORY (Secondary) lesion of debility
(Duration) 2 yrs. 10 mos. 7 ds.
(Signed) H J Clarke M. D.
Apr 24 1917 (Address) Memphis

*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 yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Sharl. Cem DATE OF BURIAL Apr 27 1917
20 UNDERTAKER Jme ADDRESS X