

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

13399^B
6

1. PLACE OF DEATH

County New Madrid
Township Portageville
City Portageville, Mo

Registration District No. 607
Primary Registration District No. 4561

File No. 6
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Martin L. Rainwater
(a) Residence. No. Portageville Mo St., _____ Ward. _____
(Usual place of abode)

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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1875 June 12

7. AGE YEARS 47 MONTHS 9 DAYS 28 If LESS than 1 day, hrs. or min.

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) Spain
(STATE OR COUNTRY)

10. NAME OF FATHER J M Rainwater

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

12. MAIDEN NAME OF MOTHER Wendy Brewer

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

14. INFORMANT Ina L Rainwater
(Address) Portageville Mo

15. FILED 4 25 1923
RK. Meen

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 7 1923

17. I HEREBY CERTIFY, That I attended deceased from Apr 1st 1923, to May 5, 1923, that I last saw him alive on July 18, 1922, and that death occurred, on the date stated above, at 5 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

Did an operation precede death? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? D. Phillips M. D.
(Signed) _____
, 19 (Address) Portageville 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Hope Cemetery DATE OF BURIAL 4-8 1923

20. UNDERTAKER R A Young ADDRESS Portageville 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.