WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUL 20 1933

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

Do not use this space.

File No. 18773

Registered No. 110

1. PLACE OF DEATH

1 County Adair — Registration District No. 4

2 Township — Primary Registration District No. 3001

7 City Kirksville, Mo. (No. ..., ..., St. ..., Ward)

2. FULL NAME Rachel Rahe

(a) Residence, No. ... St., ... Ward. Millard, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

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: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV-11-1837

7. AGE: YEARS 95 ~~94~~ MONTHS 7 DAYS 0 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): Lifetime

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

FATHER

13. NAME: Edward G. Gregg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

MOTHER

15. MAIDEN NAME: Nancy Doty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

17. INFORMANT (ADDRESS): Dr. Alva Glasgow

18. BURIAL, CREMATION, OR REMOVAL PLACE Gibbs, Mo. DATE 6-15- 33

19. UNDERTAKER (ADDRESS): Davis & Wilson, Kirksville, Mo.

20. FILED 6/15, 1933 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 11th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1929, to June 11, 1933

I last saw her alive on June 1st, 1933. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia, c...	
11A	
10TA	

Other contributory causes of importance: Influenza

Name of operation: none Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? ...

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) E. L. Smith, M. D.

(Address) Kirksville Mo

1933 - 6 - 11
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95 - 7 - 0