

LEW. JAN 6 1938

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

Do not use this space.

44081

File No. \_\_\_\_\_  
Registered No. 10

St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Pettis

Registration District No. 664

Township \_\_\_\_\_

Primary Registration District No. 4397

City Green Ridge (No. \_\_\_\_\_)

2. FULL NAME

Andrew Jackson Raines

(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, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 11 18

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

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

10. Date deceased last worked at this occupation (month and year) Dec 10 1938 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Sullivan County Ind

13. NAME Cornelius D. Raines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Sullivan County Ind

15. MAIDEN NAME Norma J. Raines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Sullivan County Indiana

17. INFORMANT Mar Olive Raines (ADDRESS) Green Ridge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Ridge Mo DATE Dec 14 1938

19. UNDERTAKER G. N. Shelley (ADDRESS) Green Ridge Mo

20. FILED Dec 12 1938 G. N. Shelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 12 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:  
Accidental Death Date of onset \_\_\_\_\_

Other contributory causes of importance: 194

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: 38  
Accident, suicide, or homicide: Accident Date of injury 12-12 1938

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

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

Manner of injury Accidental death - gun shot wound  
Nature of injury gun shot wound

24. Was disease or injury in any way related to occupation or deceased? No  
If so, specify \_\_\_\_\_

(Signed) O. Gordon Hayfieber, M. D.  
(Address) Corning, Pettis County

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.

**RECEIVED**  
District Health Officer No. 38  
Date Filed 12/20/38  
District Prothonotary