

29 1928

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

Do not use this space.

7680

1. PLACE OF DEATH

County Barry  
Township Halebrook  
City Near Cassville (No. .... St. .... Ward)

Registration District No. 29  
Primary Registration District No. 5038

File No. ....  
Registered No. 15

2. FULL NAME Joseph Lee Raines

(a) Residence No. .... 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. (If nonresident give city or town and State)

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 Helen Raines

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 | 1 | 8

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) .....  
(STATE OR COUNTRY) Barry Co Mo

PARENTS

10. NAME OF FATHER R. S. Raines

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

12. MAIDEN NAME OF MOTHER Jane Marshall

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

14. INFORMANT Helen Raines  
(Address) Cassville Mo

15. FILED May 19 1928 Mrs. N. R. Williams REGISTRAR  
Dpt.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1928, to Mar 6, 1928 that I last saw him alive on Mar 6, 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis of Throat  
& Lungs

23A

CONTRIBUTORY (SECONDARY) 31

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....  
(Signed) Hennrich Salzer M. D.  
, 19 (Address) Cassville 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washburn Prairie DATE OF BURIAL 3/7 1928

20. UNDERTAKER Hovine Funeral Service ADDRESS Cassville

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.

