

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

Do not use this space.

MAY 25 1934

**PLACE OF DEATH**

County Barry  
Township Flat Creek  
City Cassville (No. \_\_\_\_\_)

Registration District No. 29  
Primary Registration District No. 5028  
4021

File No. 15650  
Registered No. 90  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**FULL NAME**

Robert Earl Raines

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 6 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 1 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler  
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) 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Iowa

13. NAME Reuben Raines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Susan Paul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mona Raines (ADDRESS) Cassville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washburn Burial DATE May 3 1934

19. UNDERTAKER Horace C. Coker (ADDRESS) Cassville Mo

20. FILED 5-2 1934 Geo. W. Newman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 25 1934, to May 1 1934  
I last saw him alive on May 1 1934. Death is said to have occurred on the date stated above, at 5:30 P. m.

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

Acute Appendicitis Date of onset 4/25/34  
1215  
10119 121

Other contributory causes of importance: bronchopneumonia 4/30/34

Name of operation Appendectomy Date of 4/27/34  
What test confirmed diagnosis? Clinical & Lab Was there an autopsy? no

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) Geo. W. Newman M. D.  
(Address) Cassville, 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.

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