Dr. Alsup

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

58246

1. PLACE OF DEATH
STATE OF TEXAS

REGISTRAR'S NO.

COUNTY OF **Bell**

CITY OR PRECINCT NO. 6 (**Bland**)

NO. _____ STREET _____

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE IN CITY WHERE DEATH OCCURRED **6** YEARS _____ MONTHS _____ DAYS. HOW LONG IN U.S. IF FOREIGN BORN? _____ YEARS _____ MONTHS _____ DAYS

2. FULL NAME OF DECEASED Mrs. Mattie Rainwater

RESIDENCE OF THE DECEASED NO. _____ STREET _____ CITY **Bland** STATE **Texas**

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PARTICULARS
3. SEX Female	**21. DATE OF DEATH** (MONTH, DAY AND YEAR) December 28, 1937, 193_
4. COLOR OR RACE White	**22. I HEREBY CERTIFY,** THAT I ATTENDED DECEASED FROM Feb 15 193Z TO Dec 28 1937
5. SINGLE MARRIED WIDOWED DIVORCED (WRITE THE WORD) Married	I LAST SAW HER ALIVE ON Oct 20 193Z; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 4:55 M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. M. Rainwater	Cerebral Hemorrhage DATE OF ONSET
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 16, 1874	
7. AGE 63 YEARS 10 MONTHS 12 DAYS IF LESS THAN 1 DAY ___ HRS. or ___ MIN.	OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: age
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Old Lady	NAME OF OPERATION none DATE OF _____
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.	WHAT TEST CONFIRMED DIAGNOSIS? none WAS THERE AN AUTOPSY? _____
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) **11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION**	**23.** IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas	ACCIDENT, SUICIDE, OR HOMICIDE no
13. NAME W. M. Sawyer	DATE OF INJURY _____ 193_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.	WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY, AND STATE)
15. MAIDEN NAME Sarah Bonner	SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas.	MANNER OF INJURY _____
17. INFORMANT H. M. Rainwater (ADDRESS) Bland Texas.	NATURE OF INJURY _____
18. BURIAL REMOVAL PLACE Wilson Valley DATE 12/29/37, 193_	**24.** WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no
19. UNDERTAKER Hewett Mortuary Per. Roy Hewett #419 (ADDRESS) Temple, Texas	IF SO, SPECIFY _____
20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR 12-28 1937 (FILE DATE) T.A. Saunders by E.C. (SIGNATURE)	(SIGNED) A. H. Alsup M.D. (ADDRESS) Prof Bldg Temple, Texas

JAN 14 1938

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