Form V. S. 1-A—50m—11-1-29

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 23313

Registered No. 29

1 PLACE OF DEATH

County Muhlenberg

Vet. Pct. #32

Registration District No. 1088

Inc. Town sboro Ky

Primary Registration District No. 2437

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Roberta Rainwater

(a) Residence. No. Drakesboro Ky 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	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____ Single

6. DATE OF BIRTH (month, day, and year) _____

7. AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	18	4	2	

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

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 _____

12. BIRTHPLACE (city or town) (State or country) Logan Co Ky

13. NAME Will Rainwater

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Celia Bolly

16. BIRTHPLACE (city or town) (State or country) Logan Co Ky

17. INFORMANT J Will Rainwater
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Drakesboro Ky Date 9-15-1930

19. UNDERTAKER J K Kimmel
(Address)

20. FILED 10-10-1930 J K Kimmel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14, 1930

22. I HEREBY CERTIFY, That I attended deceased from Jan ___ 1930 to Sept 14, 1930
I last saw her alive on Sept 13, 1930, death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Dec 1929
Pulmonary Tuberculosis

Date of onset _____

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) _____ M.D.
(Address) Drakesboro Ky

#1983