

27m -

1 PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH

Reg. Dis. No.

B. O. V. S.

BUREAU OF VITAL STATISTICS

Registered No. 7068

City of Dallas

County Wilbarger STANDARD CERTIFICATE OF DEATH

Dist. Prec-1 (No. 1 St., Ward)

2 FULL NAME Josiah W. Rainwater (a) RESIDENCE, No. St.,

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

MEDICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIED, WIDOWED OR DIVORCED Married

16 DATE OF DEATH Mar. 16, 1934 (Month) (Day) (Year)

6 DATE OF BIRTH Oct. 11, 1843 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 6 months to 1927

7 AGE 90 yrs 5 mos. 5 ds. If less than 2 years state if breast fed If less than 1 day

that I last saw him live on 3/16, 1934 and that death occurred on the date stated above, at m.

8 OCCUPATION (a) Trade, profession or particular kind of work Farmer (b) General nature of industry, business or establishment in which employed (or employer) Farming

The CAUSE OF DEATH* was as follows: Cardiac Decompensation (duration) yrs. 6 mos. ds.

9 BIRTHPLACE (State or country) Kentucky

Contributory (Secondary) none (duration) yrs. mos. ds.

10 NAME OF FATHER Bartholomew

18 Where was disease contracted? If not at place of death?

11 BIRTHPLACE OF FATHER (State or country) North Carolina

Did an operation precede death? No Date of

12 MAIDEN NAME OF MOTHER M^{rs} Laughlin

Was there an autopsy? No

13 BIRTHPLACE OF MOTHER (State or country) Don't know

What test confirmed diagnosis? (Signed) Dr. W. B. Fisher M.D. J. W. Carson

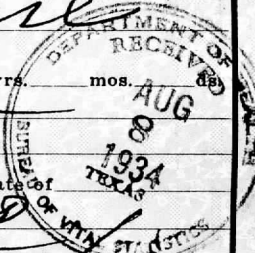
14 THE ABOVE IS TRUE (Informant) M. Rainwater (Address) Mexnon, Tex

*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.

15 Filled 5-8-34 H. C. Justin Registrar

19 PLACE OF BURIAL OR REMOVAL East View Cem. DATE OF BURIAL 3-17-34

20 UNDERTAKER J. M. Underwood ADDRESS Mexnon, Tex



WE WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD Where stillborn is given as cause of death, file birth Certificate. 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.