

1. PLACE OF DEATH
 STATE OF TEXAS, TEXAS DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF DEATH

COUNTY OF Wilbarger 29941
 CITY OR PRECINCT NO. Vernon Residence

2. FULL NAME OF DECEASED Mrs Elizabeth Jane Rainwater
 LENGTH OF RESIDENCE WHERE DEATH OCCURRED 36 YEARS - MONTHS - DAYS. (SOCIAL SECURITY NO. None)
 RESIDENCE OF THE DECEASED | STREET AND NO. 3505 Bismark | CITY Vernon | COUNTY Wilbarger | STATE Tex

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) Widow
 6. DATE OF BIRTH Sept 7 - 1847
 7. AGE 95 YEARS 9 MONTHS 18 DAYS IF LESS THAN 1 DAY

8A. TRADE, PROFESSION OR KIND OF WORK DONE House Keeper
 8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED ✓

9. BIRTHPLACE (STATE OR COUNTRY) Ky.

10. NAME OF FATHER Solomon W. White

11. BIRTHPLACE OF FATHER (STATE OR COUNTRY) Ky.

12. MAIDEN NAME Yarter

13. BIRTHPLACE OF MOTHER Ky.

14. SIGNATURE Roscoe Rainwater
 ADDRESS Vernon, TEXAS

15. PLACE OF BURIAL OR REMOVAL Vernon, TEXAS

DATE June 27 - 1943

16. SIGNATURE J. Underwood
 ADDRESS Vernon, TEXAS

MEDICAL PARTICULARS

17. DATE OF DEATH June 26 - 1943

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 26 1943 TO June 26 1943
 I LAST SAW HIM ALIVE ON June 21 1943

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT _____ M.

THE PRIMARY CAUSE OF DEATH WAS:

Pedal Bone Fracture
Pneumonia

CONTRIBUTORY CAUSES WERE Pneumonia

IF NOT DUE TO DISEASE, SPECIFY WHETHER:
 ACCIDENT, SUICIDE, OR HOMICIDE

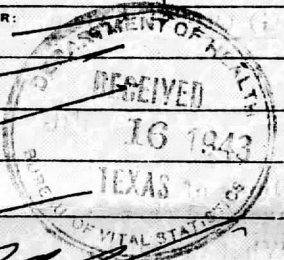
DATE OF OCCURRENCE _____

PLACE OF OCCURRENCE _____

MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY

SIGNATURE [Signature]

ADDRESS _____ M. D. OR DR. _____ TEXAS



20. FILE NUMBER | FILE DATE | SIGNATURE OF LOCAL REGISTRAR | POSTOFFICE ADDRESS

7-5 | 1943 | S. H. Hall by C. F. D. | Vernon, TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE