TEXAS STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

B. O. V. S. FORM D

Reg. Dis. No. 11735

Registered No. 2066

1 PLACE OF DEATH

County El Paso

City El Paso (No. 2107 Erie St., Ward)

2 FULL NAME Clarence O. Rainwater (a) RESIDENCE. No. 2107 St., Erie

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 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)
Male	White	Married

6 DATE OF BIRTH November (Month) 11 (Day), 1895 (Year)

7 AGE 32 yrs 4 mos. 4 ds.

If less than 2 years state if breast fed Yes No

If less than 1 day hrs. mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work Commercial Agent

(b) General nature of industry, business or establishment in which employed (or employer) - - - - - - - - - - -

9 BIRTHPLACE (State or country) Hamilton, Texas.

PARENTS

10 NAME OF FATHER A. F. Rainwater

11 BIRTHPLACE OF FATHER (State or country) Georgia

12 MAIDEN NAME OF MOTHER Ella Jones

13 BIRTHPLACE OF MOTHER (State or country) Texas

14 THE ABOVE IS TRUE

(Informant) Lois C. Rainwater

(Address) 2107 Erie St.

15 Filed MAR 17 1928 192 Willis H. Ransom Registrar.

MEDICAL PARTICULARS

16 DATE OF DEATH March (Month) 15 (Day), 1928 (Year) 28

17 I HEREBY CERTIFY, That I attended deceased from Jany 8, 1928, to March 15, 1928

that I last saw him alive on March 15, 1928

and that death occurred on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 4 yrs. — mos. — ds.

Contributory (Secondary) Southdown

— (duration) — yrs. mos. ds.

18 Where was disease contracted?

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) [signature], M. D.

3/16, 1928 (Address) El Paso Texas

*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.

19 PLACE OF BURIAL OR REMOVAL Evergreen Cemetery

DATE OF BURIAL 3-17- 1928

20 UNDERTAKER Kaster & Maxon, Inc.

ADDRESS 110 N. Campbell

FORM 51B—G200-1125-50M

#1750

WE [illegible] PLAINLY WITH UNFADING INK—THIS IS A PERMANENT BE[illegible]

Where Stillbo[illegible] given as cause of Death, file birth Certificate. Every item of information [illegible] be carefully supplied. [illegible] 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.