FORM V S 1 500M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7496

1 PLACE OF DEATH

County Logan

Vot. Pct. 22

Inc. Town

City (No. ... St. ... Ward)

Registration District No. 923

Primary Registration District No.

File No.

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs Emma Elizabeth Rainwater

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH January 20, 1876 (Month) (Day) (Year)

7 AGE 52 yrs. 1 mos. 27 ds.

IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Ky.

PARENTS

10 NAME OF FATHER Scarbrough

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herschel Ogles

(Address) Auburn, R#3

15 Filed Mar 20, 1928 M. A. Neal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 17, 1928 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to Mch 17, 1928, that I last saw her alive on Mch 14, 1928, and that death occurred on the date stated above at 4 a.m. The CAUSE OF DEATH was as follows:

Exophthalmic Goiter

(Duration) 4 yrs. mos. ds.

Contributory (SECONDARY) Myocarditis & Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) J. P. Dodson, M. D.

3/17, 1928 (Address) Richelieu Ky.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Hope Cemetery

DATE OF BURIAL Mch 18, 1928

20 UNDERTAKER Clark & Thurmond

ADDRESS Russellville Ky

1—3184

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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. See instructions on back of certificate.

#1977