28549

Form V. S. 1-B—100m—9-9-30

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

File No. _____

Registered No. 104

1 PLACE OF DEATH

County Pulaski — Registration District No. 1205

Vet. Pct. Dallas Branch — Primary Registration District No. 8016

Inc. Town Nancy, Ky

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

2 FULL NAME Anderson Warren Rainwater

(a) Residence. No. _____ 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)
Male	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Jane Monroe

6. DATE OF BIRTH (month, day, and year) July 4 1862

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
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OCCUPATION

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

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) Pulaski Co. Ky.

FATHER

13. NAME Daniel Rainwater

14. BIRTHPLACE (city or town) (State or country) Pulaski Co. Ky.

MOTHER

15. MAIDEN NAME Jennie Whitaker

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

17. INFORMANT (Address) Clarence Rainwater Nancy Ky

18. BURIAL, CREMATION, OR REMOVAL
Place New Hope Date 11-14 1938

19. UNDERTAKER (Address) Edw Bray Nancy Ky

20. FILED 11/14, 1938 Pauline C. Wilder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/13/, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1938 to 11/13, 1938

I last saw him alive on 10/1, 1938, death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Mitral Insufficiency	U.K.
Arteriosclerosis	U.K.

Contributory causes of importance not related to principal cause:

Bronchial - Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ If so, specify _____

(Signed) Brent Wesley, M. D.

(Address) Somerset Ky

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

#2004