Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2679

1. PLACE OF DEATH

File No._____

County _Taylor_

Dist. _New South Campbellsville_ Registration District No. __1367__

Registered No._____

Inc. Town_____

Primary Registration District No. __8344__

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

2. FULL NAME _David W. Rainwater_ IF VETERAN, WHAT WAR?_____

(a) Residence. No.____ St.,____ Ward____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ___yrs. ___mos. ___ds. How long in U. S., if foreign birth? ___yrs. ___mos. ___ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_ **4. COLOR OR RACE** _White_ **5. Single, Married, Widowed or Divorced (write the word)** _Single_

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ____

6. DATE OF BIRTH _1891 - Oct - 26_

7. AGE Years _47_ Months _2_ Days _10_ If LESS than 1 day ___hrs. or ___min.

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, sawmill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year)____ **11.** Total time (years) spent in this occupation____

12. BIRTHPLACE _Columbia Ky_

13. NAME _John Rainwater_

14. BIRTHPLACE _Summerset Ivy_

15. MAIDEN NAME _Martha Burk_

16. BIRTHPLACE _Columbia Ky_

17. INFORMANT _John Rainwater_
(Address) _Campbellsville Ky R.R.3_

18. BURIAL, CREMATION, OR REMOVAL
Place _Mt Carmel_ Date _Jan 6_, 19_39_

19. UNDERTAKER _Blaine Smith_
(Address) _Campbellsville Ky_

20. FILED _Jan. 5_, 19_39_ _Mattie H. Hiestand_
Registrar.

21. DATE OF DEATH _Jan 5_, 19_39_

22. I HEREBY CERTIFY, That I attended deceased from _1-5-_, 19_39_ to _1-5-_, 19_39_
I last saw him alive on _1-5-_, 19_39_, death is said to have occurred on the date stated above, at _8:32_ m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
_5 2_ _Brain abscess 3._ _(Cerebellar region)_	_1-3-39_

Contributory causes of importance not related to principal cause: _carcinoma - nose_ __3.__

Name of operation____ Date of____
What test confirmed diagnosis? _none_ Was there an autopsy? _no_

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? _no_ If so, specify____ _5550_

(Signed) _L. S. Hall_, M.D.
(Address) _Campbellsville Ky_

#2006