

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

22

STANDARD CERTIFICATE OF DEATH

I. PLACE OF DEATH

County Richmond Registration District No. 7704 Certificate No. 37
 Township Rockingham or Village _____ or
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)

Length of residence in city or town where death occurred 40 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Rowland William Rainwater
 (a) Residence: No. _____ St. _____ Ward. 536
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellie Dowkins
 6. DATE OF BIRTH (month, day, and year) Dec 4, 1879
 7. AGE Years 59 Months 9 Days 18 If LESS than 1 day _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton mill
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ourself
 10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 36

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (city or town) _____
 (State or country) Marlboro County S.C.

13. NAME Wm. T. Rainwater

14. BIRTHPLACE (city or town) S. Carolina
 (State or country)

15. MAIDEN NAME Caroline Burnette

16. BIRTHPLACE (city or town) S. Carolina
 (State or country)

17. INFORMANT H. B. Rainwater
 (Address) Robinsville N.C.

18. BURIAL, CREMATION, OR REMOVAL
 Place Deer Branch Date Sept 23, 1939

19. UNDERTAKER Eastwood Funeral Home
 (Address) Rockingham N.C.

20. FILED Sept 36, 1939 Mrs. A. C. Garrett
 REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 22, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1939 to Sept 22 1939
 I last saw him alive on Sept 22 1939 death is said to have occurred on the date stated above, at _____ m.

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

Myocardial Regeneration and Asphyxia

Contributory causes of importance not related to principal cause:

Name of operation none date of _____

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

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. B. Rainwater, M. D.

(Address) Rockingham N.C.