

THE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—
 given as cause of Death, file birth Certificate. Every item of information
 AGE should be stated EXACTLY. PHYSICIANS should state in full the
 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH State of Texas		TEXAS STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS Standard Certificate of Death.		Registrar's No. <u>5</u>	
COUNTY OF <u>Lampasas</u>		No. _____		Street _____	
CITY OR PRECINCT <u>Lampasas</u>		Residence No. _____		Street _____	
2 FULL NAME OF DECEASED <u>William Andrew Rainwater</u>		Length of residence in city where death occurred <u>46</u> yrs. _____ mos. _____ days _____			
		How long in U. S. If foreign born? _____ yrs. _____ mos. _____ days _____			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS	
3. SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>		16 DATE OF DEATH <u>Jan 23</u> 19 <u>31</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Genette W. Rainwater</u>				17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 1930</u> , to <u>Jan 23</u> , 19 <u>31</u> , that I last saw him alive on <u>Jan 23</u> , 19 <u>31</u> , and that death occurred on the date stated above, at <u>11:40</u> a.m. The CAUSE OF DEATH was as follows: <u>Chronic Nephritis</u>	
6 DATE OF BIRTH (Month, day, and year) <u>Oct. 22, 1841</u>		7 AGE Yrs. <u>89</u> Months <u>3</u> Days <u>1</u> If LESS than 1 day, _____ hrs. or _____ min.)		(duration) _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Stock Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)				CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Alabama</u>				18 Where was disease contracted if not at place of death?	
PARENTS	10 NAME OF FATHER <u>Wesley Rainwater</u>		Did an operation precede death? <u>no</u> Date of _____		
	11 BIRTHPLACE OF FATHER (State or country)		Was there an autopsy?		
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Martin</u>		What test confirmed diagnosis?		
	13 BIRTHPLACE OF MOTHER (State or country)		(Signed) <u>W. E. Lawrence</u> M. D. <u>Jan 24, 1931</u> (Address) <u>Lampasas, Tex</u>		
14 Signature of informant <u>Mrs. Harry Carter</u> Address <u>Lampasas</u>				19 PLACE OF BURIAL OR REMOVAL <u>Roll Hill</u>	
15 FILED <u>1/24</u> 19 <u>31</u> <u>Roy Davis</u> Registrar.				20 UNDERTAKER <u>W. G. Gamel</u>	
				DATE OF BURIAL <u>1/24, 1931</u>	
				ADDRESS <u>Lampasas</u>	