

ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

## STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1 PLACE OF DEATH  
County Jefferson State Texas Registered No. 1144  
Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
City Beaumont No. Heater Drive St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ad. Rainwater **23174**  
(a) Residence. No. Home Heater St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 6 ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar - 1887

7 AGE  
Years 33 Months 3 Days \_\_\_\_\_ If LESS than 1 day, hrs. \_\_\_\_\_ min. \_\_\_\_\_

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machine Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Sunny Side  
(State or country) Texas

10 NAME OF FATHER Sam Rainwater

11 BIRTHPLACE OF FATHER (city or town) Sunny Side  
(State or country) Texas

12 MAIDEN NAME OF MOTHER Margarette Probst

13 BIRTHPLACE OF MOTHER (city or town) Sunny Side  
(State or country) Texas

14 Informant Acc. Toran  
(Address) Home Toran

15 Filed 7-19-20 J. D. Walker  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/7 1920

17 I HEREBY CERTIFY, That I attended deceased from

7/4, 1920, to 7/7, 1920,

that I last saw him alive on 7/7, 1920,

and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH\* was as follows:

Ruptured duodenal ulcer

11/8 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

18 Where was disease contracted (duration) yrs. mos. ds.  
If not at place of death? China

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) A. J. Mc M.D.  
, 19 (Address)

\* State the DISEASE CAUSING DEATH, or in deaths from VIRULENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) WHETHER ANATOMICAL, PHYSICAL, or MORAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REINTERMENT DATE OF BURIAL

Sunny Side 7/10

20 UNDERTAKER

Proctor and Co Book 2



**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**TEXAS DEPARTMENT OF HEALTH**  
**BUREAU OF VITAL STATISTICS**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**STANDARD CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County Jefferson State Texas Registered No. 1144  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Beaumont No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ad. Rainwater 23174  
(a) Residence. No. Home, Texas St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 COLOR OR RACE <u>Colored</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6 DATE OF BIRTH (month, day, and year) <u>Mar - 1887</u>				
7 AGE	Years <u>33</u>	Months <u>3</u>	Days	If LESS than 1 day, --- hrs. or --- min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Mechanical Engineer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9 BIRTHPLACE (city or town) <u>Sunny Side</u> (State or country) <u>Texas</u>				
PARENTS	10 NAME OF FATHER <u>Sam Rainwater</u>			
	11 BIRTHPLACE OF FATHER (city or town) <u>Sunny Side</u> (State or country) <u>Texas</u>			
	12 MAIDEN NAME OF MOTHER <u>Margarette Probst</u>			
13 BIRTHPLACE OF MOTHER (city or town) <u>Sunny Side</u> (State or country) <u>Texas</u>				
14 Informant <u>Acce. Toran</u> (Address) <u>Home Texas</u>				
15 Filed <u>7-10-20</u> <u>J. D. Walker</u> <u>E. H.</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day, and year) <u>7/7</u>	19 <u>20</u>
17 I HEREBY CERTIFY, That I attended deceased from <u>7/4</u> , 19 <u>20</u> , to <u>7/7</u> , 19 <u>20</u> , that I last saw him alive on <u>7/7</u> , 19 <u>20</u> , and that death occurred, on the date stated above, at <u>4:30 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Ruptured duodenal ulcer</u> <u>11/8</u> (duration) _____ yrs. _____ mos. _____ ds.	
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.	
18 Where was disease contracted _____ if not at place of death? _____ Did an operation precede death? <u>no</u> Date of _____	
Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Symptoms</u> (Signed) <u>A. J. Mc...</u> , M. D. , 19 _____ (Address) _____	
* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Sunny Side TX</u>	DATE OF BURIAL <u>7/10</u> 19 <u>20</u>
20 UNDERTAKER <u>Fraternofault &amp; Co</u>	ADDRESS <u>Bmt TX</u>

V. S. No. 98  
N. B.—WRITE  
ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
NATION 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 OCCUPA-  
TION is very important. See instructions on back of certificate.

K049419

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

JUN 0 2001

*Debra F. Owens*

DEBRA F. OWENS  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

