

Where Stillborn is given as cause of Death, the birth certificate. 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.

1 PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No. 16190

B.O.V.S.

County Dallas

City Near Farmers Branch Texas

Registered No. #16190

Ward

2 FULL NAME Chas. Elliott Rainwater (a)

RESIDENCE No. St.

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 negro Sing.

6 DATE OF BIRTH

Sept 10 1920  
(Month) (Day) (Year)

7 AGE yrs. 9 mos. 4 ds.

If less than 2 years state if breast fed If less than 1 day

Yes No 110 hrs. mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Infant

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

9 BIRTHPLACE

(State or country)

Farmers Branch, Tex

10 NAME OF FATHER

Chas. Rainwater

11 BIRTHPLACE OF FATHER (State or country)

Dallas, Tex

12 MAIDEN NAME OF MOTHER

Trecie Record

13 BIRTHPLACE OF MOTHER (State or country)

Letots, Texas

14 THE ABOVE IS TRUE

(Informant) E. Rainwater

(Address) Farmers Branch, Texas

15

Filed NOV 20 1921

W. S. SKILES

Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH

June 13 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

June 9, 1921, to June 13, 1921

that I last saw him alive on June 13, 1921

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH\* was as follows:

Concussion

(duration) yrs. mos. 7 ds.

Contributory (Secondary)

Also Concussion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

none

(Signed) J. Frank M. D.

June 20, 1921 (Address) Farmers Branch

\*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 State Statutes.)

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Garvin Cemetery, Letots Tex

6-14-1921

20 UNDERTAKER

ADDRESS

Hudson Davis & Co

Carrollton Tex