

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

DAVID T. RAINWATER

19058

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

Registered No. **3274**

PLACE OF DEATH

County Dallas

City Dallas

(No. 1310 Wood St.; Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME D. T. Rainwater

PERSONAL AND STATISTICAL PARTICULARS

SEX Male **COLOR OR RACE** White **SINGLE, MARRIED, WIDOWED, OR DIVORCED** married
(Write the word.)

DATE OF BIRTH
(Month) (Day) (Year)

AGE 68 yrs. mos. ds.

OCCUPATION
(a) Trade, profession, or particular kind of work merchant
(b) General nature of industry, business or establishment in which employed (or employer).

BIRTHPLACE
(State or country) Tex

NAME OF FATHER

BIRTHPLACE OF FATHER
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. D. Rainwater

(Address) Dallas

FILED 191

REGISTRAR

MEDICAL PARTICULARS

DATE OF DEATH July 9, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 9, 1913
that I last saw h alive on July 9, 1913
and that death occurred on the date stated above at m.

THE CAUSE OF DEATH was as follows:
acute inflammation of stomach and liver
(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(Signed) J. L. Davis, M. D.
July 10, 1913 (Address) Dallas

*State the Disease Causing Death, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

PLACE OF BURIAL OR REMOVAL Wuwood **DATE OF BURIAL** July 12, 1913

UNDERTAKER Ed. C. Smith & Bro. Undertaking Co. **ADDRESS** Dallas

VON BOECKMANN-JONES COMPANY, PRINTERS, AUSTIN

2309-912-50m

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.

K092421

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

DEC 07 2001

#1305

DEBRA F. OWENS
STATE REGISTRAR

Debra F. Owens

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

