

EUGENIA DAVIES RAINWATER

PLACE OF DEATH

Texas State Board of Health

County Sacramento
City Sacramento

STANDARD CERTIFICATE OF DEATH

(No. 2120 Park St.; _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. _____

FULL NAME Mrs. J. D. Rainwater

3056

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the Word.)

DATE OF BIRTH July 14 1876
(Month) (Day) (Year)

AGE 40 yrs. _____ mos. _____ ds.

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

BIRTHPLACE (State or country) Indus

PARENTS
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) J. D. Rainwater
(Address) Sacramento

Filed _____, 191____, _____
Registrar _____

MEDICAL PARTICULARS

DATE OF DEATH July 21, 191____
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to July 21, 191____
that I last saw him _____ alive on _____, 191____

and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:

Carsonoma of liver
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. D. Rainwater, M. D.
July 21, 191____ (Address) Sacramento

*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 _____ In the _____
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted _____
If not at place of death? _____
Former or _____
usual residence _____

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL July 22, 191____

UNDERTAKER E. C. Smith & Bro. Undertaking Co. ADDRESS Sacramento

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MARGIN RESERVED FOR BINDING

WEATH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X. 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.