

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.

PLACE OF DEATH

Texas State Board of Health

STANDARD CERTIFICATE OF DEATH

County DallasCity Dallas

Registered No.

(No. 468 Forrest Ave. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

18111

FULL NAME Ross Lafayette Rainwater

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

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

DATE OF DEATH Dec 17, 1910
(Month) (Day) (Year)

DATE OF BIRTH Aug 28, 1886
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 7, 1910, to Dec 17, 1910,
that I last saw him alive on Dec 17, 1910.

Age 24 yrs. 3 mos. 20 ds.

and that death occurred on the date stated above, at 12 P. m.
The CAUSE OF DEATH* was as follows:

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

Pneumonia
(Duration) yrs. mos. 10 ds.

BIRTHPLACE
(State or country) Miss.

CONTRIBUTORY
(Secondary) (Duration) yrs. mos. ds.

NAME OF FATHER E. V. Rainwater

(Signed) Anton T. Remer, M. D.
Dec 17, 1910 (Address) 305 Flotation

BIRTHPLACE OF FATHER
(State or country) Alabama

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

MAIDEN NAME OF MOTHER Josephine Smith

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

BIRTHPLACE OF MOTHER
(State or country) Miss.

At place of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence.....

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. V. Rainwater
(Address) 468 Forrest

PLACE OF BURIAL OR REMOVAL Oakland DATE OF BURIAL Dec 19, 1910

Filed 1910 Paul Stearns
Registrar

UNDERTAKER Weland & McCreary ADDRESS Wallace Tex

Anton T. Remer 309 Flotation