

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

When entries are given as cause of death, all birth certificates. Every item of information should be carefully supplied. Age should be stated EXACTLY. FATHER'S NAME should state GIVEN OF DEATH in plain terms, so that it may be properly identified. Exact statement of OCCUPATION is very important.

780-517-50M

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No.

Register No.

R.O.V.S.

D

1 PLACE OF DEATH

County Concho

City Mellersreew

(No. \_\_\_\_\_)

St.; \_\_\_\_\_

Ward \_\_\_\_\_

20457

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

2 FULL NAME

Joe Monroe Rainwater

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 Color or Race

white

5 Single, Married, Widowed or Divorced (Write the word)

127

6 DATE OF BIRTH

Feb

9

1923

(Month)

(Day)

(Year)

7 AGE

5 yrs.

8 mos.

8 ds.

If less than 2 years state if breast fed

If less than 1 day

Yes

No

No

hrs.

mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work

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

9 BIRTHPLACE

(State or country)

Concho

10 NAME OF FATHER

Joe Rainwater

11 BIRTHPLACE OF FATHER (State or country)

Tx

12 MAIDEN NAME OF MOTHER

Verna Stephenson

13 BIRTHPLACE OF MOTHER (State or country)

Tx

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

M. J. Chatham

(Address)

Mellersreew

15

Filed

aug 1

1923

Rosa Dunman

Registrar

#1706

MEDICAL PARTICULARS

16 DATE OF DEATH

July

17

1923

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

127th July

1923

to

July 17

1923

that I last saw him alive on

July 17

1923

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH\* was as follows:

Cholera Infantum

(Duration yrs mos ds.)

Contributory

(Secondary)

(Duration yrs mos ds.)

(Signed)

M. J. Chatham

M. D.

7-26-

1923

(Address) Mellersreew

\*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

At place of death

yr

mos

8

In the State

yr

mos

5

ds.

8

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Mellersreew

DATE OF BURIAL

July 17

1923

20 UNDERTAKER

ADDRESS

Mellersreew