

Paid

WR. PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Where stillborn is the cause of Death, the Birth Certificate. Every item of information should be 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		Reg. Dis. No. 7		B.O.V.E.	
County <u>Imperial</u>		BUREAU OF VITAL STATISTICS				Registered No. 28	
City <u>Prest. #7</u>		STANDARD CERTIFICATE OF DEATH				5308	
2 FULL NAME <u>H. A. Rannwater</u> (a)		RESIDENCE NO. <u>Waco, Tex</u>					
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 <u>male</u>		4 COLOR OR RACE <u>white</u>		5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>			
6 DATE OF BIRTH <u>1890</u>		(Month) (Day) (Year)					
7 AGE <u>39</u> yrs mos. ds.		If less than 2 years state if breast fed		If less than 1 day			
Yes No		hrs. mins.					
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Farming</u>							
(b) General nature of industry, business or establishment in which employed (or employer)							
9 BIRTHPLACE (State or country) <u>Texas</u>							
PARENTS	10 NAME OF FATHER <u>C. J. Rannwater</u>						
	11 BIRTHPLACE OF FATHER (State or country) <u>Ark</u>						
	12 MAIDEN NAME OF MOTHER <u>Mamie Smith</u>						
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>						
14 THE ABOVE IS TRUE							
(Informant) <u>Mrs. Iry Brown</u>		(Address) <u>Waco Tex</u>					
15							
Filed <u>1-22</u> 192 <u>9</u>		<u>H. J. Grogan</u> Registrar.					
MEDICAL PARTICULARS							
16 DATE OF DEATH <u>Jan. 22,</u> 192 <u>9</u>				(Month) (Day) (Year)			
17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____							
that I last saw h. _____ alive on _____, 192____							
and that death occurred on the date stated above, at _____ m.							
The CAUSE OF DEATH* was as follows: <u>Drowning. Insect turned over in stream of water and body pumped water, insect not water.</u>							
Contributory (Secondary) _____				(duration) yrs. mos. ds.			
18 Where was disease contracted _____				if not at place if death? _____			
Did an operation precede death? _____				Date _____			
Was there an autopsy? _____				Physician _____			
What test confirmed diagnosis? _____							
(Signed) _____				M. D.			
_____, 192____ (Address)							
*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.							
19 PLACE OF BURIAL OR REMOVAL <u>Waco, Tex</u>				DATE OF BURIAL <u>Jan 23</u> 192 <u>9</u>			
20 UNDERTAKER <u>J. C. Dabson</u>				ADDRESS <u>Waco Tex</u>			

#1707