

IF NON-RESIDENTS, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

1. PLACE OF DEATH
STATE OF TEXAS

COUNTY OF

Palo Pinto

CITY OF

Mingus

PRECEDENCE NO.

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Registrar's No. 22

42958

Length of residence in city where death occurred 3 yrs. 4 mos. 8 days. How long in U. S. if foreign born? 7 yrs. 0 mos. 0 days

2. FULL NAME
OF DECEASED

Delia Mae Thurston Rainwater

RESIDENCE OF
THE DECEASED No.

Street

City Mingus

State Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single ☒ Married ☒ Widowed ☒ Divorced ☒ (Write the word) Single

5a. If married, widowed, or divorced

Wife of Mrs. G. A. Rainwater

6. DATE OF BIRTH

(month, day, and year) April 4 1903

7. AGE

34 Years 4 Months 8 Days If LESS than 1 day, 5 hrs. 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE

(City or Town)

(State or Country)

Mingus Tex

13. NAME

G. A. Rainwater

14. BIRTHPLACE

(City or Town)

(State or Country)

Kentucky

15. MOTHER'S NAME

Martha Reynolds

16. BIRTHPLACE

(City or Town)

(State or Country)

Ky.

17. INFORMANT

Mrs. Martha Rainwater

(Address)

Mingus Texas

18. SIGNATURE

G. A. Jones

(Address)

Gordon Texas

19. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR

9-9

(File Date)

1907

J. M. Davis

(Signature)

MEDICAL PARTICULARS

21. DATE OF DEATH

(month, day, and year) Aug 12 1907

22. I HEREBY CERTIFY, That I attended deceased from

Aug 11 1907 to Aug 12 1907

I last saw her alive on Aug 11 1907; death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Aug 11
Heat Prostration

Other contributory causes of importance:

Date of Onset

Name of operation None

Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? —

Date of injury — 1907

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

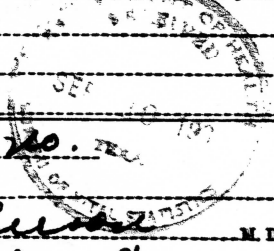
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. F. Robinson M. D.

(Address) Gordon Texas



#1712