

NOTE WELL—INSTRUCTIONS ON THE REVERSE SIDE.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

When children are given as cause of death, the birth certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS 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

County TarrantCity St. North, Texas

## TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATHReg. Dis. No. 981Registered 39099

R.O.V.S.

D

Ward)

2 FULL NAME Mrs. Mary S. Rainwater (a)RESIDENCE No. 1 St.

(If nonresident give city or town and State)

Length of residence in city or town when death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

6 DATE OF BIRTH

2 - 22  
(Month) (Day) (Year)

7 AGE

74 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

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

9 BIRTHPLACE

(State or country)

Alabama

10 NAME OF FATHER

Joe Stevens

11 BIRTHPLACE OF FATHER

(State or country)

Don Keown

12 MAIDEN NAME OF MOTHER

Miss P. Hollowell

13 BIRTHPLACE OF MOTHER

(State or country)

Don Keown

14 THE ABOVE IS TRUE

(Informant)

J. A. Rainwater  
(Address) 308 Houston St

15

Filed 12-22-1920 East Mynatt  
#1723 Registrar

## MEDICAL PARTICULARS

16 DATE OF DEATH

Dec 9 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

12/9, 1920, to 12/9, 1920  
that I last saw him alive on 12/9, 1920  
and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH\* was as follows:

Apoplexy  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. G. Phillips, M. D.  
, 19\_\_\_\_ (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. (See reverse side for State Statutes.)

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. North12/10 1920

20 UNDERTAKER

ADDRESS

Geo L. GauseSt. North