TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Reg. Dis. No. 9408 B.O.V.S. Form D

Registered No. 15

1 PLACE OF DEATH County Dallam City Dalhart (No. ..... St.; ..... Ward)

2 FULL NAME William H. Rainwater RESIDENCE. No. ..... St., ...
(If nonresident give city or town and State)

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: Male

4 COLOR OR RACE: White

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

6 DATE OF BIRTH: Jan (Month) 24 (Day) 85 (Year)

7 AGE: 66 yrs. ..... mos. ..... ds.
If less than 2 years state if breast fed: Yes ..... No .....
If less than 1 day: ..... hrs. ..... mins.

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

9 BIRTHPLACE (State or country): Tenn

PARENTS

10 NAME OF FATHER: William Rainwater

11 BIRTHPLACE OF FATHER (State or country): Tenn.

12 MAIDEN NAME OF MOTHER: Don't Know.

13 BIRTHPLACE OF MOTHER (State or country): " "

14 THE ABOVE IS TRUE
(Informant) O. L. Rainwater,
(Address) .....

15 Filed 4-3 1919, Dr. L. L. Bartlett Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH: 3/23 (Month) (Day) 1919 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3/20, 1919, to 3/23, 1919 that I last saw h. alive on 3/23, 1919 and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Obstructed bowel
& peritonitis.
(duration) ..... yrs. ..... mos. 7 ds.

Contributory (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 3/20/19

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) W. M. Darrow, M. D.

4/2, 1919 (Address) Dalhart Tex.

*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: Dalhart Cemetery — DATE OF BURIAL: 3/24 1919

20 UNDERTAKER: W. L. Peeples — ADDRESS: Dalhart Texas

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

Where stillborn is given as cause of Death, file birth certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PERSONALS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Owen

E. L. STECK, AUSTIN 2887-818-100M

#1725