

NOTE WILL INTERFERE ON THE REVERSE SIDE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH SPARING INK—THIS IS A PERMANENT RECORD  
Every item of information should be accurately supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Most statements of OCCUPATION are very important.

**PLACE OF DEATH**

Texas State Board of Health

County Baylor

**STANDARD CERTIFICATE OF DEATH**

City Bomarton

Registered No. 16

(No. 26630 St.; 26630 Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**NAME** Burnee Juey Rainwater

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL PARTICULARS**

**SEX** Female    **COLOR OR RACE** white    **SINGLE, MARRIED, WIDOWED, OR DIVORCED** single  
(Write the word.)

**DATE OF DEATH** Oct 6 1917  
(Month) (Day) (Year)

**DATE OF BIRTH** April 28 1907  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 1917 to Oct 6 1917  
that I last saw her alive on Oct 5 1917  
and that death occurred on the date stated above, at 8:00 a.m.

**Age** 5 yrs. 22 mo. 22 da.    IF LESS than 1 day how many hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
simulany

**OCCUPATION**  
(a) Trade, profession, or particular kind of work. none  
(b) General nature of industry, business or establishment in which employed (or employer).

**CONTRIBUTORY (Secondary)** Septentary & convulsions  
(Duration) yrs. 2 mo. 0 da.  
(Signed) D. H. Harrison M. D.  
Oct 12, 1917 (Address) Bomarton Texas

**BIRTHPLACE (State or country)** Bomarton Texas

**LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).**  
At place of death... yrs. ... mo. ... da.    In the State... yrs. ... mo. ... da.  
Where was disease contracted, if not at place of death?  
Former or usual residence.

**NAME OF FATHER** H. A. Rainwater

**BIRTHPLACE OF FATHER (State or country)**

**MAIDEN NAME OF MOTHER**

**BIRTHPLACE OF MOTHER (State or country)**

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Infirmant) \_\_\_\_\_  
(Address) \_\_\_\_\_

**PLACE OF BURIAL OR REMOVAL** Bomarton    **DATE OF BURIAL** Oct 9 1917  
**UNDERTAKER** Wesley Harrison    **ADDRESS** Bomarton

**Filed** 10/17 1917    J. N. Post  
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