

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully 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.

PLACE OF DEATH			STANDARD CERTIFICATE OF DEATH		STATE OF TEXAS	
County <u>Smith</u>			Registered No. <u>73</u>		<u>1471</u>	
City <u>Tyler</u>						
No. <u>617 Augusta</u> Street						
(If death occurred in a hospital or institution give its NAME instead of Ward, street and number).						
Full Name <u>Mary H. Rainwater</u>						
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS OF DEATH			
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE, MARRIED, WIDOWED OR DIVORCED <u>yes</u>	DATE OF DEATH <u>April</u> <u>26</u> 191 <u>7</u> Month Day Year			
DATE OF BIRTH <u>Jan</u> Month <u>25</u> Day <u>1841</u> Year			I HEREBY CERTIFY that I attended the deceased from <u>April 18</u> 191 <u>7</u> to <u>April 26</u> 191 <u>7</u>			
AGE <u>76</u> yrs. <u>3</u> mos. <u>3</u> days			that I last saw him alive on <u>April 26</u> 191 <u>7</u>			
If Less than one day state _____ hours or _____ minutes			and that death occurred on date stated above at <u>5:30</u> P. M.			
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)			The DISEASE or MEANS OF INJURY CAUSING DEATH was: <u>Fatty degeneration of heart</u>			
BIRTHPLACE (State or country) <u>Alpharetta Georgia</u>			duration <u>One Week</u> yrs. _____ mos. _____ days			
NAME OF FATHER <u>John Brown</u>			CONTRIBUTORY Secondary _____			
BIRTHPLACE OF FATHER (State or country) <u>Georgia</u>			Duration _____ yrs. _____ mos. _____ days			
MAIDEN NAME OF MOTHER <u>Rebecca Jones</u>			Signed <u>J. D. Phillips</u> M. D.			
BIRTHPLACE OF MOTHER (State or country) <u>Georgia</u>			<u>April 27</u> 191 <u>7</u> Address <u>Tyler Tex</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			In deaths from VIOLENCE state: 1 MEANS OF INJURY; and 2 Whether ACCIDENTAL, SUICIDAL or HOMICIDAL.			
Informant <u>Mrs. J. L. Harris</u>			LENGTH OF RESIDENCE—For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS.			
Address <u>617 Augusta Ave</u>			At place of death _____ yrs. _____ mos. _____ days. In State _____ yrs. _____ mos. _____ days			
Registrar <u>J. L. Harris</u>			Where was disease contracted, if not at place of death? _____			
#1728			Former or usual residence _____			
			PLACE OF BURIAL OR REMOVAL <u>Out of town</u>		DATE OF BURIAL <u>April 27</u> 191 <u>7</u>	
			UNDERTAKER <u>Wm. S. Harris</u>		ADDRESS <u>Tyler Tex</u>	