

#1734

IF NON-RESIDENT, 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

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

COUNTY OF Dallas

CITY OR PRECINCT NO. Dallas H. 2 Street Farmers Branch
If in an institution, give name of institution instead of Street and No.

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

2 FULL NAME OF DECEASED Melvin Rainwater

RESIDENCE OF THE DECEASED No. Street Farmers Branch State Tx

30539 21
Registrar's No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. Single Single Married Widowed Divorced
(Write the)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH July 31, 1918

7. AGE 18 Years 10 Months 14 Days If LESS than 1 day, hrs. or min.

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

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) Nov. 1936 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (City or Town) (State or Country) Farmers Branch, Tex

13. NAME Charles Rainwater

14. BIRTHPLACE (City or Town) (State or Country) Dallas Co. Texas

15. MAIDEN NAME Theresa Ross

16. BIRTHPLACE (City or Town) (State or Country) Dallas Co. Texas

17. INFORMANT Charles Rainwater
(Address) Terris, Texas

18. BURIAL

19. REMOVAL FILE Exp't Cem. Date 6-18, 1937
Stephens Co. By C.H. Brown
(Address) 500 Wood St

20. SIGNATURE OF REGISTRAR Percy H. Ford

FILE

DATE 6-18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 15, 1937
(month, day, and year)

22. I HEREBY CERTIFY That I attended deceased from June 13, 1937 to June 16, 1937

Last saw him alive on June 13, 1937; death is said to have occurred on the date stated above, at in .
The principal cause of death and related causes of importance were as follows:
Acute & Chronic nephritis

Date of onset

Other contributory causes of importance:
Cochexia

Name of operation Date

What test confirmed diagnosis? Cerebral Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?

Date of injury

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?

If so, specify

(Signed) H. H. Whitney M. D.
(Address) 2613 Knight St. Dallas, Tex

