

NOT PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of Death, Sex birth, Certificate. 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.

TEXAS STATE BOARD OF HEALTH 636			Reg. Dis. No. _____
BUREAU OF VITAL STATISTICS			Registered No. _____
STANDARD CERTIFICATE OF DEATH			Ward _____
1 PLACE OF DEATH County <u>Lubbock</u> City <u>Free</u> (No. <u>7</u>)			E. C. V. S. D 50439
2 FULL NAME <u>E. A. Rainwater</u> (a) RESIDENCE , No. _____ St., <u>54482</u> (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			MEDICAL PARTICULARS
3 SEX <u>Male</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	16 DATE OF DEATH <u>Nov 8</u> (Month) <u>1930</u> (Day) (Year)
6 DATE OF BIRTH <u>July 24</u> (Month) <u>1887</u> (Day) (Year)			17 I HEREBY CERTIFY , That I attended deceased from <u>1930</u> to <u>1930</u> and held the request that I last saw h _____ alive on _____, 1930 and that death occurred on the date stated above, at <u>7</u> m.
7 AGE <u>43</u> yrs <u>6</u> mos <u>10</u> 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 <u>Farm</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			The CAUSE OF DEATH* was as follows: <u>Accidental car back</u> (duration) _____ yrs _____ mos _____ ds.
9 BIRTHPLACE (State or country) <u>Tex</u>			Contributory _____ (Secondary) _____ (duration) _____ yrs _____ mos _____ ds.
10 NAME OF FATHER <u>George Rainwater</u>			18 Where was disease contracted? _____ If not at place of death? _____
11 BIRTHPLACE OF FATHER (State or country) <u>Tex</u>			Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u>
12 MAIDEN NAME OF MOTHER <u>Helena B. ...</u>			What test confirmed diagnosis? (Signed) <u>Robert ...</u> <u>11-9</u> , 19 <u>30</u> (Address) <u>Station 724</u> *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.
13 BIRTHPLACE OF MOTHER (State or country) <u>Tex</u>			
14 THE ABOVE IS TRUE (Informant) <u>Stella Rainwater</u> (Address) <u>Station 724</u>			19 PLACE OF BURIAL OR REMOVAL <u>Station 724</u>
15 Filed <u>11-10</u> 19 <u>30</u> <u>Harvey ...</u> Registrar.			20 DATE OF BURIAL <u>11-10</u> 19 <u>30</u> 20 UNDERTAKER <u>Stella ...</u> ADDRESS <u>Station 724</u>

#1746