

26316

## 1 PLACE OF DEATH

## TEXAS STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

Reg. Dis. No. \_\_\_\_\_

Registered No. 44City Lubbock (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_2 FULL NAME Charlotte Rainwater

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single Married Widowed or Divorced (Write the word)
6 DATE OF BIRTH <u>Aug</u> <u>19</u> <u>1927</u> (Month) (Day) (Year)		
7 Age _____ yrs. _____ mos. _____ ds. If less than 3 years, state if breast fed _____ If less than 1 day _____ Yes _____ No _____ hrs. _____ mins.		
8 OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed or employer _____		
9 BIRTHPLACE (State or Country) <u>Lubbock TX</u>		

PARENTS	10 NAME OF FATHER <u>Ollie Rainwater</u>
	11 BIRTHPLACE OF FATHER (State or Country) <u>Lubbock TX</u>
	12 MAIDEN NAME OF MOTHER <u>Andrew White</u>
	13 BIRTHPLACE OF MOTHER (State or Country) <u>Artesia TX</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ollie Rainwater  
(Address) Lubbock TX

15 Filed Oct 12 7 Edgar Allen  
Registrar

MEDICAL PARTICULARS 30263

16 DATE OF DEATH Aug 20 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1927, to Aug 20, 1927, that I last saw her alive on Aug 20, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH\* was as follows:

Premature Birth

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.)  
Contributory (Secondary) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.)  
(Signed) J. F. Crain M. D.  
Aug 20, 1927 (Address) Lubbock TX

\*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE For Hospitals, Institutions, Transients, Recent Residents.  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, if not at place of death.  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL

Lubbock

DATE OF BURIAL

Aug 20 1927

20 UNDERTAKER

W. W. Anderson

ADDRESS

Lubbock TX

#1751

Write on back with unloading ink—This is a Permanent Record

Where Still Alive as Cause of Death, file birth certificate. Every item of information should be carefully and fully stated. 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.