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

COUNTY OF: RAINS

CITY OR TOWN: EMORY

STATE: TEXAS

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH: STATE OF TEXAS

EDGAR JAMES RAINWATER

PERSONAL AND STATISTICAL PARTICULARS

5. SEX: Male

6. COLOR OF NO BACHE: White

7. DATE OF BIRTH: Nov. 31, 1899

8. AGE: 38 Years 10 Months 51 Days

9. TRADE, PROFESSION, OR PARTICULAR: Farmer

10. OCCUPATION: Farmer

11. TOTAL TASTE IN THIS OCCUPATION: 30 Years

12. BIRTHPLACE: Blue Ridge, Texas

13. NAME: William Thomas Rainwater

14. MOTHER'S NAME: Mary Elizabeth McGuire

15. FATHER'S NAME: William Thomas Rainwater

16. MOTHER'S PLACE OF BIRTH: Henderson, Texas

17. SPOUSE: Viola Rainwater

18. REMOVAL PLACE: Emory

19. BURIAL: Emory

20. SIGNATURE AND TITLE DATE OF LOCAL REGISTRAR: Oct. 16, 1937

21. DATE OF DEATH: Mar. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1937 to Sept. 24, 1937

23. I last saw deceased alive on Sept. 1, 1937; death is said to have occurred on the date stated above.

24. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Respiratory Tuberculosis

Other contributory causes of importance:

25. NAME OF DECEASED:

26. AGE:

27. SEX:

28. OCCUPATION:

29. PLACE OF BIRTH:

30. DATE OF BIRTH:

31. DATE OF DEATH:

32. MANNER OF DEATH:

33. NATURAL OF DEATH:

34. WHETHER DISEASE OR INJURY WAS CAUSED BY VIOLENCE:

35. WHETHER DECEASED WASENGAGED IN ANY OCCUPATION:

36. IF SO, SPECIFY:

37. IF NOT, WHY:

38. WHERE OCCUPATION OCCURRED:

39. SIGNATURE AND TITLE OF LOCAL REGISTRAR:

40. SIGNATURE:

41. ADDRESS:

42. (Signed)

43. (Address)