

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 RAINS

CITY OR  
PRECINCT NO. EMORY

Registrar's No. 47427

If in an institution, give name of institution instead of Street and No.

Length of residence in city where death occurred 30 yrs. 00 mos. 00 days. How long in U. S. if foreign born? 00 yrs. 00 mos. 00 days

2. FULL NAME  
OF DECEASED EDGAR JAMES RAINWATER

RESIDENCE OF  
THE DECEASED No. 1 Street EMORY City EMORY State TEXAS

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single Married Widowed Divorced (Write the word) Married

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

7. DATE OF BIRTH (month, day, and year) Nov 27, 1899

8. AGE 37 Years 10 Months 21 Days or 1 day 00 hrs. 00 min. If LESS than 1 day

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) MAY 10, 1936 12. Total time (years) spent in this occupation 30

13. BIRTHPLACE (City or Town) BLUERIDGE TEXAS (State or Country)

14. NAME WILLIAM THOMAS RAINWATER

15. BIRTHPLACE (City or Town) HENDERSON TEXAS (State or Country)

16. MAIDEN NAME MARY ELIZABETH M. GUIRE

17. BIRTHPLACE (City or Town) HENDERSON TEXAS (State or Country)

18. INFORMANT VIOLA RAINWATER (Address) EMORY TEXAS

19. BURIAL EMORY Date 7-25-1937

20. UNDERTAKER S.H. Hood

(Address) Emory Texas

21. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR

Sept 25 1937 J.W. Simpson (File Date) (Signature)

MEDICAL PARTICULARS

21. DATE OF DEATH 1937 (month, day, and year) SEP. 24 1937

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

I last saw him alive on Sept 1 1937; death is said to

have occurred on the date stated above, at 6 P.M. The principal cause of death and related causes of importance were as follows:

Pneumonia tuberculosis

Date of Cause

Pneumonia

Other contributory causes of importance:

Chronic tuberculosis 2 mos

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? —

Date of injury — 1937

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? no

If so, specify —

(Signed) J.W. Simpson M.D.

(Address) Emory, Tex

