

1. PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Hidalgo

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

Registrar's No. 8421

CITY OR
PRECINCT NO. Edinburg

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

Length of residence in city where death occurred _____ yrs. _____ mos. _____ days 2? How long in U. S. if foreign born? _____ yrs. _____ mos. _____ days

2. FULL NAME
OF DECEASED Gerald Roy Rainwater

Residence: No. _____ Street _____

If non-residence give city, or town and state

PERSONAL AND STATISTICAL PARTICULARS
3. SEX male 4. COLOR OR RACE white 5. Single Married
Widowed Divorced
(Write the word) Single

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

6. DATE OF BIRTH
(month, day, and year) April 1933

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

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

none

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)

11. Total time (years) spent
in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

Orla

13. NAME J. O. Rainwater

14. BIRTHPLACE (city or town)
(State or country)

Kentucky

15. MAIDEN NAME

Maggie Brake

16. BIRTHPLACE (city or town)
(State or country)

Ark

17. INFORMANT

J. O. Rainwater

(Address) McCook, Texas

18. BURIAL, CREMATION,
or DISPOSAL

Edinburg Date 2-23, 1935

19. UNDERTAKER

Frank Skinner

(Address) Edinburg Texas

20. FILE DATE AND SIGNATURE OF REGISTRAR

2-23-1935 H. F. Bircher

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(month, day, and year) 2-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from

2-22, 1935, to 2-22, 1935

I last saw him alive on 2-21, 1935; death is said to

have occurred on the date stated above, at 7:25 A. m.
The principal cause of death and related causes of importance
are as follows:

Enlarged Thyroid.

Date of
onset

Other contributory causes of importance:

Malnutrition

Name of operation _____ date of _____

What test confirmed diagnosis? X-ray 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 _____

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in in-
dustry, 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) C. M. Williamson M. D.

(Address) Roma, Texas

