

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

12120

Registrar's No. 905

COUNTY OF Dallas

CITY OR
PRECINCT NO. Dallas

No. 119 Street Grandview

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

Length of residence in city where death occurred 20 yrs. mos. days. How long in U. S. if foreign born? yes mos. days

2 FULL NAME Ollie Rainwater
OF DECEASED

RESIDENCE OF
THE DECEASED No. 119 Street Grandview City Dallas State Texas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 Single Married
Widowed Widowed
(Write the word)

5a. If married, widowed, or divorced
HUSBAND of Pearl Rainwater
(or) WIFE of

6 DATE OF BIRTH
(month, day, and year) November 23, 1892

7. AGE 46 Years 4 Months 0 Days If LESS than
1 day, hrs. or min.

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

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

10. Date deceased last
worked at this occupa-
tion (month and year) Mar. 1939 11. Total time
(years) spent in
this occupation 30

12. BIRTHPLACE
(City or Town) Texas
(State or Country)

13. NAME George Rainwater

14. BIRTHPLACE
(City or Town) Georgia
(State or Country)

15. MAIDEN NAME Delia Bush

16. BIRTHPLACE
(City or Town) Texas
(State or Country)

17. INFORMANT Riley Rainwater

(Address) Dallas, Texas

18. BURIAL Cem.
REMOVAL TO White Rock Date 3/26, 1939

19. UNDERTAKER
Black & Clark Und. Co. by C. J. Clark

(Address) 1921 No. Washington Ave.

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR

Mar 25 1939 E. L. Hamilton
(File Date) (Signature)

MEDICAL PARTICULARS

21. DATE OF DEATH March 23, 1939
(month, day, and year)

22. I HEREBY CERTIFY, That I attended deceased from
held Inquest 3/23, 1939

I last saw alive on 1939; death is said to

have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of impor-
tance were as follows:

Angina Pectoris 3/23-39

Other contributory causes of importance:

Name of operation None Date of Inquest

What test confirmed diagnosis? 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 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) Tom King

(Address) 302 E. Shelby

