

NON-RESIDENT

#1771

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 TEXASTEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

36415

2376

REGISTRAR'S NO.

COUNTY OF Dallas

STANDARD CERTIFICATE OF DEATH

CITY OR
PRECINCT NO. DallasNO Parkland Hospital

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE IN CITY
WHERE DEATH OCCURRED 5 YEARSMONTHS 4

DAYS

HOW LONG IN U. S. IF
FOREIGN BORN? YEARS MONTHS DAYS2. FULL NAME
OF DECEASED Pearl RainwaterRESIDENCE OF
THE DECEASEDNO 119STREET GrandviewCITY DallasSTATE Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Nolored 5. SINGLE MARRIED
WIDOWED DIVORCED
(WRITE THE WORD) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Ollie Rainwater6. DATE OF BIRTH
(MONTH, DAY, AND YEAR) December 17, 18897. AGE 48 YEARS 8 MONTHS 10 DAYS IF LESS THAN
1 DAY. MRS. MIN.8. TRADE, PROFESSION, OR PARTICULAR
KIND OF WORK DONE, AS SPINNER,
SAWYER, BOOKKEEPER, ETC. Domestic9. 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) Aug. 1938 11. TOTAL TIME
(YEARS) SPENT IN
THIS OCCUPATION 2512. BIRTHPLACE
(CITY OR TOWN)
(STATE OR COUNTRY) Texas13. NAME Albert Thompson14. BIRTHPLACE
(CITY OR TOWN)
(STATE OR COUNTRY) Georgia15. MAIDEN NAME Francois Fields16. BIRTHPLACE
(CITY OR TOWN)
(STATE OR COUNTRY) Texas17. INFORMANT Ollie Rainwater(ADDRESS) 119 Grandview18. BURIAL
REMOVAL
PLACE White Rock Cem. DATE 8/29, 193819. UNDERTAKER
Black & Clark Und. Co. by Edwin Lombert(ADDRESS) 1921 No. Washington Ave.20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR
Aug. 29, 1938 Birdie Smith

(FILE DATE)

(SIGNATURE)

MEDICAL PARTICULARS

21. DATE OF DEATH

(MONTH, DAY, AND YEAR) August 27, 193822. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM
Aug. 23 - 1938 TO Aug. 27 - 1938I LAST SAW HIM ALIVE ON Aug. 27 - 1938THE PRINCIPAL CAUSE OF DEATH AT 2:20 pm.
AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF
ONSETStomach Poisoning at 8-20-38Cerebral Hemorrhage 8-26-38OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Politis 8-20-38NAME OF
OPERATION no. DATE OF no.WHAT TEST CON-
FIRMED DIAGNOSIS? Clinical WAS THERE
AN AUTOPSY? no23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO
THE FOLLOWING: no no

ACCIDENT, SUICIDE, OR HOMICIDE.

DATE OF INJURY

WHERE DID INJURY OCCUR?
(SPECIFY CITY OR TOWN, COUNTY, AND STATE)SPECIFY WHETHER INJURY OCCURRED IN INDUSTRIAL, INFECTIOUS,
PUBLIC PLACE.

MANNER OF INJURY

NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY
RELATED TO OCCUPATION OF DECEASED? noIF SO, SPECIFY
(SIGNED) N. J. Watts M. D.
(ADDRESS) 1218 E. 9th Street