

1 PLACE OF DEATH  
STATE OF TEXAS

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

37753

COUNTY OF Harris

CITY OR PRECINCT NO. Houston Texas 416 1/2 West 19

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF DECEASED John W Rainwater

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 11 YEARS        MONTHS        DAYS (SOCIAL SECURITY NO.       )

RESIDENCE OF THE DECEASED | STREET AND NO. 416 1/2 West 19 | CITY Houston | COUNTY Harris | STATE Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) Married

6. DATE OF BIRTH Apr 1 1870

7. AGE YEARS 70 MONTHS 4 DAYS 16 IF LESS THAN 1 DAY HOURS        MIN       

8A. TRADE, PROFESSION OR KIND OF WORK DONE Watchman

8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED

9. BIRTHPLACE (STATE OR COUNTRY) Ky.

10. NAME D K

11. BIRTHPLACE (STATE OR COUNTRY) D K

12. MAIDEN NAME D K

13. BIRTHPLACE (STATE OR COUNTRY) D K

14. SIGNATURE Mrs Bertha Rainwater

ADDRESS Houston . TEXAS

15. PLACE OF BURIAL OR REMOVAL DATE Woodlawn Cmt Houston . TEXAS

16. SIGNATURE Aug 20 1940 . 194

17. SIGNATURE C. J Lusk Heights Fun Home

ADDRESS Houston . TEXAS

20. FILE NUMBER 2870 FILE DATE AUG 21 1940 . 194

SIGNATURE OF LOCAL REGISTRAR A & Wal

POSTOFFICE ADDRESS Houston . TEXAS

MEDICAL PARTICULARS

17. DATE OF DEATH Aug 17 1940 . 194

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM        . 194 . TO        . 194 .

I LAST SAW HIM ALIVE ON        . 194 .

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT        . M.

THE PRIMARY CAUSE OF DEATH WAS:

probably Heart Failure

DURATION

CONTRIBUTORY CAUSES WERE

IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

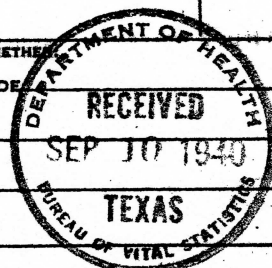
PLACE OF OCCURRENCE

MANNER OR MEANS

IF RELATED TO OCCUPATION OF DECEASED, SPECIFY

SIGNATURE

Chas M Mac  
Office Coroner Harris . TEXAS



NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

95c  
95b

#1772