

NOT PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where stillborn, given as cause of Death, the Birth Certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH		TEXAS STATE DEPARTMENT OF HEALTH		53		R. O. V. L.	
Bureau		BUREAU OF VITAL STATISTICS		Reg. Dia. No.		FORM D	
County		STANDARD CERTIFICATE OF DEATH		Registered No.			
City		No. Scott & White Hopt		28605			
2 FULL NAME		M. E. Rainwater		RESIDENCE. No. Lampasas		(If nonresident give city or town and State)	
Length of residence in city or town where death occurred		yrs		mos		ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS			
3 SEX		4 COLOR OR RACE		5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)		16 DATE OF DEATH	
Male		W		Single		June 12, 1929	
6 DATE OF BIRTH		9		24		1926	
		(Month)		(Day)		(Year)	
7 AGE		2 yrs		8 mos		18 ds.	
If less than 2 years state if breast fed		If less than 1 day					
Yes		No		hrs.		mins.	
8 OCCUPATION		(a) Trade, profession or particular kind of work				17 I HEREBY CERTIFY, That I attended deceased from	
(b) General nature of industry, business or establishment in which employed (or employer)						6/12, 1929, to 6/12, 1929	
9 BIRTHPLACE (State or country)		Texas				that I last saw him alive on 6/12, 1929	
10 NAME OF FATHER		Louis Rainwater				and that death occurred on the date stated above, at 7:15 p.m.	
11 BIRTHPLACE OF FATHER (State or country)		La.				The CAUSE OF DEATH* was as follows:	
12 MAIDEN NAME OF MOTHER		Lela Griffin				Enterocolitis	
13 BIRTHPLACE OF MOTHER (State or country)		Texas				(duration) yrs. mos. ds.	
14 THE ABOVE IS TRUE (Informant)		Louis Rainwater				Contributory Pneumonia	
(Address)		Lampasas				(duration) yrs. mos. ds.	
15		6 - 25 1929				18 Where was disease contracted?	
Filed		J. J. Jenkins				If not at place of death?	
		Registrar.				Did an operation precede death? Date of	
						Was there an autopsy?	
						What test confirmed diagnosis?	
						(Signed) J. J. Jenkins	
						Date of 6/12, 1929	
						(Address) Scott & White Hopt	
						*State the disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal.	
						19 PLACE OF BURIAL OR REMOVAL	
						Lampasas, Tex	
						DATE OF BURIAL	
						6/13 1929	
						20 UNDERTAKER	
						J. J. Jenkins	
						ADDRESS	
						Lampasas	