

1. PLACE OF DEATH
STATE OF TEXAS.

COUNTY OF Childress

PRECINCT NO. One

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

12008
0008
Registrar's No.

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 ? How long in U. S. if foreign born? yrs. mos. days

2. FULL NAME OF DECEASED Mrs. J. W. Rainwater

Residence: No. _____ Street _____

If non-residence give city, or town and state

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. Single Married
Widowed Divorced
(Write the word) Married

21. DATE OF DEATH
(month, day, and year) March 1, 1933

6. DATE OF BIRTH (month, day, and year) Feb 7 - 1911

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1933 to March 1, 1933

7. AGE 22 Years 10 Months 24 Days or 1 day 1 hr 1 min

I last saw her alive on March 1, 1933; death is said to

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

have occurred on the date stated above, at 2:30 P. M.
The principal cause of death and related causes of importance were as follows:

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

Lobar Pneumonia 2/24

10. Date deceased last worked at this occupation (month and year)

Other contributory causes of importance:

11. Total time (years) spent in this occupation

Childbirth (Premature) 3/1

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

Name of operation _____ date of _____

13. NAME J. W. Trent

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____

15. MAIDEN NAME Maud Shackelford

Date of injury 11-16-19

16. BIRTHPLACE (city or town) (State or county) Texas

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

17. INFORMANT Mrs. J. W. Trent

specify whether injury occurred in industry, in home, or in public place.

(Address) Carey, Texas

18. BURIAL, CREMATION, OR REMOVAL Place Carey Date March 3, 1933

19. UNDERTAKER Jno. O. O'Connell

Nature of injury _____

(Address) Childress, Texas

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILE DATE AND SIGNATURE OF REGISTRAR 3-4-1933 J. W. Callaway

File specify Feb 25, 1933 Childress, Texas M. D.

#1787

EDITH VIOLA TRENT