

Am. *Am. Ind. Bureau*

#1792

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Where stillborn, given as cause of Death, file Birth Certificate. Every item of information should be care-
fully applied. 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			Reg. Dis. No.			B. O. V. S.		
BUREAU OF VITAL STATISTICS			STANDARD CERTIFICATE OF DEATH			Registered No.			FORM D		
County <i>Taylor</i>			City <i>Abilene</i>			St.,			19211		
2 FULL NAME <i>Mrs. W. I. Rainwater</i>			RESIDENCE. No.			St.,			19211		
Length of residence in city or town where death occurred yrs mos			(If nonresident give city or town and State)			da. How long in U. S., if of foreign birth? yrs mos da.			19211		
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL PARTICULARS					
3 SEX <i>Female</i>		4 COLOR OR RACE <i>White</i>		5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		16 DATE OF DEATH <i>March 2</i> 192 <i>9</i> (Month) (Day) (Year)					
6 DATE OF BIRTH <i>October 24</i> 19 <i>85</i> (Month) (Day) (Year)						17 I HEREBY CERTIFY, That I attended deceased from <i>Feb 25</i> , 192 <i>9</i> , to <i>March 2</i> , 192 <i>9</i> that I last saw her alive on <i>March 2</i> , 192 <i>9</i> and that death occurred on the date stated above, at <i>8:20</i> a.m.					
7 AGE <i>53</i> yrs <i>4</i> mos. <i>8</i> da. If less than 2 years state if breast fed If less than 1 day Yes — No hrs mins.						The CAUSE OF DEATH* was as follows: <i>Pneumonia Complicating Syphilis</i> (duration) yrs. mos. da.					
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <i>Housewife</i>						Contributory (Secondary) (duration) yrs. mos. da.					
9 BIRTHPLACE (State or country) <i>Texas</i>						18 Where was disease contracted? If not at place of death? Did an operation precede death? <i>no</i> Date of Was there an autopsy? <i>no</i> What test confirmed diagnosis? (Signed) <i>C. D. Preihard</i> M. D. <i>6/8</i> 192 <i>9</i> (Address) <i>Abilene</i>					
10 NAME OF FATHER <i>Pickett</i>						19 PLACE OF BURIAL OR REMOVAL <i>Marie View, Texas</i>					
11 BIRTHPLACE OF FATHER (State or country) <i>Germany</i>						DATE OF BURIAL <i>March 3</i> 192 <i>9</i>					
12 MAIDEN NAME OF MOTHER <i>Bettie Mauden</i>						20 UNDERTAKER <i>Brookline</i> ADDRESS <i>Abilene</i>					
13 BIRTHPLACE OF MOTHER (State or country) <i>Alabama</i>											
14 THE ABOVE IS TRUE (Informant) <i>W. I. Rainwater</i> (Address) <i>Marie View, Tex</i>											
15 Filed <i>July 6</i> 192 <i>9</i> <i>Scott H. Hallis</i> Registrar.											