

IF NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state.
The residence in the usual place of abode.

#1795

1. PLACE OF DEATH
STATE OF TEXAS

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

34347
34358

COUNTY OF **Bexar**

CITY OR PRECINCT NO. **Precinct 3** **Seguin Highway**

Registrar's No.

If in an institution, give name of institution instead of Street and No.

Length of residence in city where death occurred **1** yrs. **0** mos. **0** days. How long in U. S. if foreign born? **0** yrs. **0** mos. **0** days

2. FULL NAME OF DECEASED **Wilbur S. Rainwater**

RESIDENCE OF THE DECEASED No. **209** Street **Hawthorne** City **San Antonio** State **Texas**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single ☐ Married ☐ Widowed ☐ Divorced ☐ (Write the word) **Married**

5a. If married, widowed, or divorced HUSBAND OF (or) WIFE of **Cleo Rainwater**

6. DATE OF BIRTH (month, day, and year) **July 9, 1914**

7. AGE **22** Years **0** Months **16** Days If LESS than 1 day, ----- hrs. or ----- min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Gasoline Truck Driver**

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or Town) (State or Country) **Rockdale, Texas**

13. NAME **J. R. Rainwater**

14. BIRTHPLACE (City or Town) (State or Country) **Kentucky**

15. MAIDEN NAME **Alice Harmles**

16. BIRTHPLACE (City or Town) (State or Country) **Texas**

17. INFORMANT **Mrs. Cleo Rainwater**
209 Hawthorne

(Address)

18. BURIAL REMOVAL Place **Roselawn Cem.** Date **July 27, 1936**

19. UNDERTAKER **Paul Riebe**
San Antonio, Texas

(Address)

20. SIGNATURE OF REGISTRAR

FILE **27 July 1936**
DATE **27 July 1936**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **July 25, 1936**, 193

22. I HEREBY CERTIFY That I attended deceased from CORONER'S CERTIFICATE 193 to 193

I last saw him alive on 193; death is said to

have occurred on the date stated above, at ----- m. The principal cause of death and related causes of importance were as follows:

Injuries and severe burns received in head on collision between two trucks

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis **Inquest** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? **Accident**

Date of injury **July 25, 1936**, 193

Where did injury occur? **Bexar County, Texas**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Highway**

Manner of injury **Auto Accident**

Nature of injury **Burns**

24. Was disease or injury in any way related to occupation of deceased? **Yes**
Driver of Gas Truck

If so, specify **OTD Markwardt**
(Signed) **San Antonio, Texas**

