

Dr. Priest

IF NON-RESIDENT, BE CAREFUL TO GIVE THE COMPLETE RESIDENCE OF THE DECEASED, STATING BOTH CITY, COUNTY AND STATE. THE RESIDENCE IS THE USUAL PLACE OF ABODE.

1. PLACE OF DEATH STATE OF TEXAS		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		26498 REGISTRAR'S NO. 113	
COUNTY OF <u>Bowie</u>		CITY OR PRECINCT NO. <u>Texarkana</u>		STREET NO. _____	
IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.					
LENGTH OF RESIDENCE IN CITY WHERE DEATH OCCURRED _____ YEARS _____ MONTHS _____ DAYS		HOW LONG IN U. S. IF FOREIGN BORN _____ YEARS _____ MONTHS _____ DAYS			
2. FULL NAME OF DECEASED <u>William Rainwater</u>					
RESIDENCE OF THE DECEASED NO. <u>2404</u> STREET <u>Hazel</u> CITY <u>Texarkana</u> STATE <u>Texas</u>					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE <u>Single</u>	MARRIED <u>Widowed</u>	DIVORCED <u>Divorced</u>	6. DATE OF DEATH <u>June 5, 1938</u>
7A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF _____					
8. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 10, 1920</u>					
9. AGE <u>17</u> YEARS <u>6</u> MONTHS <u>20</u> DAYS OR IF LESS THAN 1 DAY _____ HRS. _____ MINS.					
10. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>School boy</u>					
11. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BARR, ETC. _____					
12. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____					
13. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>					
15. NAME <u>T. W. Rainwater</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>					
17. MAIDEN NAME <u>Florence Stubbs</u>					
18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>					
19. INFORMANT <u>T. W. Rainwater</u>					
(ADDRESS) <u>Texarkana</u>					
20. BURIAL REMOVAL PLACE <u>Rondo</u> DATE <u>June 8, 1938</u>					
21. UNDERTAKER <u>C. H. Malone</u>					
(ADDRESS) <u>Texarkana</u>					
22. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR <u>6-16-38</u> <u>G. D. Gassett</u>					
(FILE DATE) _____ (SIGNATURE) _____					
MEDICAL PARTICULARS					
23. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ 1938 TO _____ 1938					
24. I SAW HIM ALIVE ON _____ 1938. DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE.					
25. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Drone</u>					
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Drone</u>					
NAME OF OPERATION _____ DATE OF _____					
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____					
26. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: _____					
ACCIDENT, SUICIDE, OR HOMICIDE _____					
DATE OF INJURY _____ 1938					
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY, AND STATE) _____					
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE. _____					
MANNER OF INJURY _____					
NATURE OF INJURY _____					
27. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____					
IF SO, SPECIFY _____					
(SIGNED) <u>Perry Priest</u>					
(ADDRESS) <u>Texarkana, Texas</u>					

