

1. PLACE OF DEATH STATE OF TEXAS		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		23891	
COUNTY OF <u>Lubbock</u>		CITY OR PRECINCT NO. <u>Lubbock</u>		GIVE STREET AND NUMBER OR NAME OF INSTITUTION <u>Plains Hospital</u>	
2. FULL NAME OF DECEASED <u>Sam W. Rainwater</u>		LENGTH OF RESIDENCE WHERE DEATH OCCURRED <u>8</u> YEARS <u>8</u> MONTHS <u>8</u> DAYS (SOCIAL SECURITY NO. _____)			
RESIDENCE OF THE DECEASED AND NO. _____		CITY <u>Slaton</u>		COUNTY <u>Lubbock</u> STATE <u>Texas</u>	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS		
3. SEX <u>Male</u>		4. COLOR OR RACE <u>Colored</u>		17. DATE OF DEATH <u>May 27</u> 1941	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Divorced</u>		6. DATE OF BIRTH <u>March 3, 1908</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>May 19</u> 1941 TO <u>May 27</u> 1941	
7. AGE YEARS <u>33</u> MONTHS <u>2</u> DAYS <u>24</u> IF LESS THAN 1 DAY _____ HOURS _____ MIN _____		8. TRADE, PROFESSION OR KIND OF WORK DONE <u>Farmer</u>		I LAST SAW HIM ALIVE ON <u>May 19</u> 1941	
9. BIRTHPLACE (STATE OR COUNTRY) <u>Farmerbranch</u>		10. NAME <u>Eddie Rainwater</u>		THE DEATH OCCURRED ON THE DATE STATED ABOVE AT _____	
11. BIRTHPLACE (STATE OR COUNTRY) <u>Carrollton, Texas</u>		12. MAIDEN NAME <u>Estella Record</u>		THE PRIMARY CAUSE OF DEATH WAS: <u>Infection, Neck & Chest</u>	
13. BIRTHPLACE (STATE OR COUNTRY) <u>Dallas, Texas</u>		14. SIGNATURE <u>Estella Rainwater</u>		CONTRIBUTORY CAUSES WERE <u>Gunshot</u>	
ADDRESS <u>Slaton</u> TEXAS		15. PLACE OF BURIAL OR REMOVAL <u>Slaton</u> TEXAS		DATE OF OCCURRENCE <u>May 15, 1941</u>	
DATE <u>May 28</u> 1941		16. SIGNATURE <u>Berry Jackson</u>		PLACE OF OCCURRENCE <u>Slaton</u>	
ADDRESS <u>2302 East Blvd Lubbock</u> TEXAS		17. SIGNATURE <u>F. B. Malone</u>		MANNER OR MEANS <u>Gunshot (Shotgun)</u>	
20. FILE NUMBER <u>1108</u>		FILE DATE <u>May 30, 1941</u>		SIGNATURE OF LOCAL REGISTRAR <u>J. H. Rello</u>	
				POST OFFICE ADDRESS <u>Lubbock</u> TEXAS	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#1799

