

057-15-3-101-1-N

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

EX 115 47
NON-RESIDENT
16800

STATE OF TEXAS

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Texas b. COUNTY Harris	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) Dallas		c. CITY (If outside corporate limits, write RURAL and give precinct no.) Houston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parry & Ann Sts.		d. STREET ADDRESS 7719 Braconblay St	
3. NAME OF DECEASED a. (First) Bertha		c. (Last) Rainwater	
b. (Middle)		4. DATE OF DEATH April 11th, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Apr. 16th, 1878
9. AGE YEARS 70		10. MONTHS 11 DAYS 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Kentucky		12. FATHER'S NAME John G Sharp	
13. MOTHER'S MAIDEN NAME Unknown		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE J. B. Rainwater	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Street Car Bus & Car Collided ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of Skull & Chest DUE TO (c) Injuries (Accidental) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Parry & Ann Sts.	
19c. CITY, TOWN, OR PRECINCT NO. (Specify) Dallas		19d. HOW DID INJURY OCCUR? Street Car Bus & Car Collided	
20a. TIME OF INJURY (Month) (Day) (Year) 4-10-49		20b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21. I hereby certify that I have examined the body and inquest held on 4-10-49 , 19 49 , at 9:45 P.m. , from the causes and on the date stated above.		22a. SIGNATURE Pierce M. Bride, Jr.	
22b. DATE Apr. 11th, 1949		22c. NAME OF CEMETERY OR CREMATORY Houston Texas	
23a. LOCATION (City, town, or county) Houston Texas		23b. DATE Apr. 12, 1949	
23c. REGISTRAR'S FILE NO. 1221		23d. DATE REC'D BY LOCAL REGISTRAR Apr. 12, 1949	
23e. REGISTRAR'S SIGNATURE W. J. Humphrey		23f. SIGNATURE W. J. Humphrey	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#1814

EX 115