

Faded Document

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		71706	
STATE OF TEXAS		COUNTY OF <u>Trinity</u>			
CITY OR PRECINCT NO. <u>Trinity</u>		GIVE STREET AND NUMBER OR NAME OF INSTITUTION			
2. FULL NAME OF DECEASED <u>Mrs. Ester Rainwater</u>					
LENGTH OF RESIDENCE <u>20</u> YEARS MONTHS DAYS (SOCIAL SECURITY NO. _____)					
WHERE DEATH OCCURRED		CITY <u>Trinity</u> COUNTY <u>Trinity</u> STATE <u>Tex</u>			
RESIDENCE OF DECEASED AND NO. _____					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS		
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	17. DATE OF DEATH <u>Aug. 26th. 1941</u>			
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>widowed</u>		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Aug 26</u> 1941 TO <u>Aug 26</u> 1941			
6. DATE OF BIRTH <u>Nov. 21 1856</u>		I LAST SAW HER ALIVE ON <u>Aug 26</u> 1941			
7. AGE YEARS <u>84</u> MONTHS <u>9</u> DAYS <u>5</u> IF LESS THAN 1 DAY HOURS _____ MIN _____	THE DEATH OCCURRED ON THE DATE STATED ABOVE AT <u>3 40 A.</u> M.				
8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>housekeeper</u>	THE PRIMARY CAUSE OF DEATH WAS:				DURATION
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED	<u>Coronary Thrombosis</u>				<u>2 hours</u>
9. BIRTHPLACE (STATE OR COUNTRY) <u>Iowa</u>	CONTRIBUTORY CAUSES WERE <u>Scintity Probably 10 yrs</u>				
10. NAME <u>Christopher Shoe</u>					
11. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>					
12. MAIDEN NAME <u>No record</u>					
13. BIRTHPLACE (STATE OR COUNTRY) <u>No Record</u>					
14. SIGNATURE <u>J.F. Largin</u>	IF NOT DUE TO DISEASE, SPECIFY WHETHER: ACCIDENT, SUICIDE, OR HOMICIDE				
ADDRESS <u>Trinity</u> TEXAS	DATE OF OCCURRENCE _____				
15. PLACE OF BURIAL OR REMOVAL <u>Sulphur Springs</u> TEXAS	PLACE OF OCCURRENCE _____				
DATE <u>Aug. 27th. 1941</u> 1941	MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY				
16. SIGNATURE <u>J. J. Ruffin</u>	SIGNATURE <u>L. M. Burrese</u>				
ADDRESS <u>Trinity</u> TEXAS	ADDRESS <u>Trinity</u> TEXAS				
20. FILE NUMBER <u>125-5-26</u>	FILE DATE		SIGNATURE OF LOCAL REGISTRAR <u>B. D. Largin</u>		POSTOFFICE ADDRESS <u>Trinity</u>

#18126