

077-0-1-057-15

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

4343 26

STATE OF TEXAS

## CERTIFICATE OF DEATH

STATE FILE NO.

53236

1. PLACE OF DEATH a. COUNTY <u>Floyd</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>Dallas</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence of Floyd</u>			d. STREET ADDRESS (If rural, give location) <u>Rant me Floyd</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>L.</u> c. (Last) <u>Rainwater</u>			4. DATE OF DEATH <u>Nov. 9, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-19, 1911</u>	9. AGE YEARS <u>38</u> MONTHS <u>5</u> DAYS <u>20</u>	10. UNDER 24 Hrs. <u>None</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Texas</u>	
12. FATHER'S NAME <u>Riley Rainwater</u>		BIRTHPLACE <u>Texas</u>		13. MOTHER'S MAIDEN NAME <u>Josie Kettledge</u>	
BIRTHPLACE <u>Texas</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>Don't know</u>	
16. INFORMANT'S SIGNATURE <u>Riley Rainwater</u>		17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the cause of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Disease</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) <u>Death</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u>	
18a. DATE OF OPERATION <u>None</u>		18b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from <u>11:00</u> , 19 <u>49</u> , to <u>11:00</u> , 19 <u>49</u> , that I last saw the deceased <u>alive</u> on <u>Nov 9</u> , 19 <u>49</u> , and that death occurred at <u>11:00</u> a.m., from the causes and on the date stated above.					
22a. SIGNATURE <u>G. V. Smith MD</u>		(Degree or title)		22b. ADDRESS <u>Floydada Tex</u>	
22c. DATE SIGNED <u>11-9-1949</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			
23b. DATE <u>11-10-1949</u>		23c. NAME OF CEMETERY OR CREMATORY			
23d. LOCATION (City, town, or county) <u>Dallas</u>		(State) <u>Texas</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Harmon</u>	
25a. REGISTRAR'S FILE NO. <u>284</u>		25b. DATE REC'D BY LOCAL REGISTRAR <u>11-9-1949</u>		25c. REGISTRAR'S SIGNATURE <u>O. B. Olson</u>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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