

226-10-2-048-0-0

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

E9910 50

STATE OF TEXAS

## CERTIFICATE OF DEATH

STATE FILE NO.

38157

1. PLACE OF DEATH a. COUNTY <b>Tom Green</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Concho</b>	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR <b>San Angelo</b>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR <b>Eden</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Shannon Hospital</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>J. T.</b> b. (Middle) <b>(Initials only)</b> c. (Last) <b>Rainwater</b>		4. DATE OF DEATH <b>July 1, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 1927</b>
9. AGE <b>24</b>		10. MONTHS <b>1</b>	11. DAYS <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tank builder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tanking</b>	
12. FATHER'S NAME <b>John Rainwater</b>		13. MOTHER'S MAIDEN NAME <b>Effie Jones</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		15. SOCIAL SECURITY NO. <b>Not known</b>	
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.		16. INFORMANT'S SIGNATURE <b>X Clara D. Rainwater</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wounds</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		TEXAS DEPARTMENT OF HEALTH REC'D AUG 11 1951 BUREAU OF VITAL STATISTICS	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT OR HOMICIDE (Specify) <b>Homicide</b>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Ballinger H.W.V.</b>	
20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE) <b>San Angelo Precinct Tom Green Tex.</b>			
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7-1-51 12P.m.</b>		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>7-2-51</b> , 19____, and that death occurred at <b>12P.m.</b> , from the causes and on the date stated above.		20f. HOW DID INJURY OCCUR? <b>Homicide</b>	
22a. SIGNATURE (Degree or title) <b>J. T. Rainwater (con)</b>		22b. ADDRESS <b>San Angelo</b>	
22c. DATE SIGNED <b>7-12-51</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>July 2, 1951</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Millersview Cemetery</b>			
23d. LOCATION (City, town, or county) (State) <b>Millersview, Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Massie Co.</b>	
25a. REGISTRAR'S FILE NO. <b>25-7</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>7-10-51</b>	
25c. REGISTRAR'S SIGNATURE <b>Bob Aycock</b>		25d. REGISTRAR'S SIGNATURE <b>Bob Aycock</b>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1830