

093-1 24

1. PLACE OF DEATH

STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

18871

COUNTY OF Tarrant

CITY OR
PRECINCT NO. Fort Worth

3130 Frazier

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME
OF DECEASED James Allen Rainwater

LENGTH OF RESIDENCE 42 YEARS MONTHS DAYS (SOCIAL SECURITY NO. _____)

RESIDENCE OF STREET 1940 5th Ave. CITY Fort Worth COUNTY Tarrant STATE Texas
THE DECEASED AND NO.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White

5. SINGLE, MARRIED, WID-
OWED OR DIVORCED
(WRITE THE WORD) Single

6. DATE OF
BIRTH November 19, 1878

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY
69 4 21 HOURS MIN

8A. TRADE, PRO-
FESSION OR KIND
OF WORK DONE Painter

8B. INDUSTRY OR
BUSINESS IN
WHICH ENGAGED retired

9. BIRTHPLACE
(STATE OR
COUNTRY) Alabama

10. NAME J. A. Rainwater

11. BIRTHPLACE
(STATE OR
COUNTRY) Alabama

12. MAIDEN
NAME Mary Stevens

13. BIRTHPLACE
(STATE OR
COUNTRY) Alabama

14. SIGNATURE Mrs. H. M. Jewell Niece

ADDRESS 4329 Locke Ft. Worth, TEXAS

15. PLACE OF
BURIAL OR
INTERMENT Mt. Olivet Cemetery Ft. Worth TEXAS
DATE April 12, 1948

16. SIGNATURE
Gause Ware Funeral Home

ADDRESS 1251 Pennsylvania Ave. Ft. Worth, TEXAS

20. FILE NUMBER 847 FILE DATE APR 17 1948 194

SIGNATURE OF LOCAL REGISTRAR

John Griffith

MEDICAL PARTICULARS

17. DATE OF
DEATH April 10 194 8

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM
4/7 194 8 TO 4/10 194 8

I LAST SAW HIM ALIVE ON 4/10 194 8
THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 8 P M.

THE PRIMARY CAUSE OF DEATH WAS:

Arteriosclerotic Heart Disease

CONTRIBUTORY
CAUSES WERE

Terminal Pneumonia

IF NOT DUE TO DISEASE SPECIFY WHETHER

ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

PLACE OF OCCURRENCE

MANNER OR MEANS

IF RELATED TO OCCU-
PATION OF DECEASED,
SPECIFY

SIGNATURE

ADDRESS

POSTOFFICE ADDRESS

John Griffith John Griffith TEXAS



NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#1831

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