

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

7600 41

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. 15075

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY <u>Lampson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Tx</u> b. COUNTY <u>Lampson</u>	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u># 1</u>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>Lampson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Rollins Brook Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>606 N. Broad</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Rainwater</u>		4. DATE OF DEATH <u>Feb. 6 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb 4 1953</u>
9. AGE YEARS MONTHS DAYS <u>2</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>never worked</u>		11. BIRTHPLACE (State or foreign country) <u>Rollins Brook Hospital, Lampson, Tx</u>	
12. FATHER'S NAME <u>James Edward Rainwater</u>		13. MOTHER'S MAIDEN NAME <u>Eudell Albion</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give year for dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>No</u>	
16. INFORMANT'S SIGNATURE <u>James Edward Rainwater</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral-vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Birth injury</u>		?	
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 APR 11 1953 BUREAU OF VITAL STATISTICS	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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>2/4</u> , 19 <u>53</u> to <u>2/6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/6</u> , 19 <u>53</u> , and that death occurred at <u>2:00 PM</u> , from the causes and on the date stated above.			
22a. SIGNATURE <u>Dr. J. L. Patterson M.D.</u>		22b. ADDRESS <u>Lampson, Tx</u>	
22c. DATE SIGNED <u>2/16/53</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/7/1953</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	
23d. LOCATION (City, town, or county) (State) <u>Lampson Tx</u>	24. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Gamble</u>		
25a. REGISTRAR'S FILE NO. <u>0202</u>	25b. DATE REC'D BY LOCAL REGISTRAR <u>2/16 1953</u>	25c. REGISTRAR'S SIGNATURE <u>John M. Egan</u>	

#1832