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170-3 47

1. PLACE OF DEATH		TEXAS DEPARTMENT OF HEALTH		BUREAU OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		39132	
STATE OF TEXAS		COUNTY OF <i>Blaine</i>		CITY OR PRECINCT NO. <i>Plainview</i>		GIVE STREET AND NUMBER OR NAME OF INSTITUTION <i>Blaine Sanitarium</i>			
2. FULL NAME OF DECEASED		3. SEX		4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD)		6. DATE OF BIRTH	
<i>John D. Rainwater</i>		<i>Male</i>		<i>White</i>		<i>Single</i>		<i>12-20-1929</i>	
LENGTH OF RESIDENCE WHERE DEATH OCCURRED		YEARS		MONTHS		DAYS		(SOCIAL SECURITY NO.)	
RESIDENCE OF THE DECEASED		STREET AND NO.		CITY		COUNTY		STATE	
<i>Fullerton Camp</i>		<i>Plains</i>		<i>Blaine</i>		<i>Texas</i>			
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL PARTICULARS				
7. AGE					17. DATE OF DEATH				
<i>18</i> YEARS <i>8</i> MONTHS <i>28</i> DAYS					<i>9-18</i> 1948				
IF LESS THAN 1 DAY					18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM				
HOURS MIN					<i>9-18</i> 1948 TO <i>9-18</i> 1948				
8A. TRADE, PROFESSION OR KIND OF WORK DONE					I LAST SAW HIM ALIVE ON				
<i>Home Laborer</i>					<i>9-18-1</i>				
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED					THE DEATH OCCURRED ON THE DATE STATED ABOVE AT				
					<i>23048</i> M.				
9. BIRTHPLACE (STATE OR COUNTRY)					THE PRIMARY CAUSE OF DEATH WAS:				
<i>Concho Co., Tex</i>					<i>Basal skull fracture</i>				
10. NAME					DURATION				
<i>J. B. Rainwater</i>					<i>3 hrs.</i>				
11. BIRTHPLACE (STATE OR COUNTRY)					CONTRIBUTORY CAUSES WERE				
<i>Denton Co. Texas</i>									
12. MAIDEN NAME					IF NOT DUE TO DISEASE, SPECIFY WHETHER				
<i>Effie Jones</i>					ACCIDENT, SUICIDE, OR HOMICIDE				
13. BIRTHPLACE (STATE OR COUNTRY)					DATE OF OCCURRENCE				
<i>Blaine, Tex</i>					<i>9-18</i> 1948				
14. SIGNATURE					PLACE OF OCCURRENCE				
<i>John D. Rainwater</i>					<i>Blaine County, Tex</i>				
ADDRESS					MANNER OR MEANS				
<i>Plainview</i> TEXAS					<i>Car accident</i>				
15. PLACE OF BURIAL OR REMOVAL					IF RELATED TO OCCUPATION OF DECEASED, SPECIFY				
<i>Eden</i> TEXAS					SIGNATURE				
DATE					ADDRESS				
<i>9-20</i> 1948					<i>W. H. Jensen</i> M.D. COR. TEXAS				
16. SIGNATURE					POSTOFFICE ADDRESS				
<i>Roy G. Wood</i>					<i>Plainview</i> TEXAS				
ADDRESS					SIGNATURE OF LOCAL REGISTRAR				
<i>Plainview</i> TEXAS					<i>PH Bryan</i>				
20. FILE NUMBER		FILE DATE		SIGNATURE OF LOCAL REGISTRAR		POSTOFFICE ADDRESS			
<i>159-7-3</i>		<i>9-29-1948</i>		<i>PH Bryan</i>		<i>Plainview</i> TEXAS			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#1834

