

129-102-043-10

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

5840 46

STATE OF TEXAS

## CERTIFICATE OF DEATH

STATE FILE NO.

13875

1. PLACE OF DEATH a. COUNTY <b>Kaufman</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Collin</b>		
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>Terrell</b>			c. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>McKinney</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Terrell State Hospital</b>			d. STREET ADDRESS <b>General Delivery</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lizzie</b> b. (Middle) <b>Brewer</b> c. (Last) <b>Rainwater</b>			4. DATE OF DEATH <b>March 29, 1955</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1866</b>	9. AGE YEARS MONTHS DAYS <b>89</b>	10. HOURS MIN. <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Texas</b>			12. MOTHER'S MAIDEN NAME <b>unknown</b>		
13. FATHER'S NAME <b>unknown</b>			14. BIRTHPLACE <b>unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Biliary cirrhosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <b>Cholelithiasis</b> DUE TO (c) <b>Chronic cholecystitis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
18a. DATE OF OPERATION			18b. MAJOR FINDINGS OF OPERATION		
19. AUTOPSY? YES <input checked="" 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 <b>TEXAS DEPARTMENT OF HEALTH</b>	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR? <b>REC'D APR 5 1955</b> <b>BUREAU OF VITAL STATISTICS</b>	
21. I hereby certify that I attended the deceased from <b>March 21, 1955</b> , to <b>March 29, 1955</b> , that I last saw the deceased alive on <b>March 29, 1955</b> , and that death occurred at <b>9:15 P.M.</b> , from the causes and on the date stated above.					
22a. SIGNATURE <b>John T. Clayton</b>			22b. ADDRESS <b>Box 58, Terrell, Texas</b>		
22c. DATE SIGNED <b>3-31-1955</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>4-2-1955</b>		
23c. NAME OF CEMETERY OR CREMATORY <b>State Cemetery</b>					
23d. LOCATION (City, town, or county) (State) <b>Terrell Texas</b>			24. FUNERAL DIRECTOR'S SIGNATURE <b>Anderson-Clayton Bros. - John T. Clayton</b>		
25a. REGISTRAR'S FILE NO. <b>454</b>			25b. DATE REC'D BY LOCAL REGISTRAR <b>3-31-1955</b>		
25c. REGISTRAR'S SIGNATURE <b>Edward B. Brum</b>					

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#1835