

1 PLACE OF DEATH
STATE OF TEXAS

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

22776

COUNTY OF Sevier

CITY OR PRECINCT NO. Bradley, Tex. - Bradley H. Hospital.

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF DECEASED Fletcher R. Rainwater.

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 24 YEARS MONTHS DAYS (SOCIAL SECURITY NO. _____)

RESIDENCE OF THE DECEASED | STREET AND NO. _____ CITY Bradley COUNTY Sevier STATE Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower
(WRITE THE WORD)

6. DATE OF BIRTH May 17 - 1885

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY

8. TRADE, PROFESSION OR KIND OF WORK DONE farmer

9. BIRTHPLACE (STATE OR COUNTRY) Sevier

10. NAME Fletcher R. Rainwater

11. BIRTHPLACE (STATE OR COUNTRY) Sevier

12. MAIDEN NAME do not know

13. BIRTHPLACE (STATE OR COUNTRY) Sevier

14. SIGNATURE F. R. Rainwater

ADDRESS Bradley, Texas

15. PLACE OF BURIAL OR REMOVAL Sevier TEXAS

DATE May - 18 1947

16. SIGNATURE H. H. Davidson

ADDRESS Bradley TEXAS

20. FILE NUMBER 24 FILE DATE 5-131 1947

SIGNATURE OF LOCAL REGISTRAR W. C. Davidson

POST OFFICE ADDRESS Sevier TEXAS

MEDICAL PARTICULARS

17. DATE OF DEATH May 17 1947

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 1947 TO May 17 1947

I LAST SAW HIM ALIVE ON May 17 1947

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT _____

THE PRIMARY CAUSE OF DEATH WAS: Tuberculosis,

pulmonary

CONTRIBUTORY CAUSES WERE _____

IF NOT DUE TO DISEASE, SPECIFY WHETHER _____

ACCIDENT, SUICIDE, OR HOMICIDE _____

DATE OF OCCURRENCE _____

PLACE OF OCCURRENCE _____

MANNER OR MEANS _____

IF RELATED TO OCCUPATION OF DECEASED, SPECIFY _____

SIGNATURE H. H. Davidson

ADDRESS Bradley TEXAS



NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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