**Texas Department of Health**

**Bureau of Vital Statistics**

**Certificate of Death**

**State of Texas**

**Place of Death**
- County: Wheeler
- City/Town: Shamrock
- Hospital/Institution: Shamrock General Hosp.
- Full Name of Hospital or Institution: N/A
- Usual Residence: 3 mi. East 3 mi. West McLean, Tex.
- Length of Stay: 4 days

**Name of Deceased**
- First Name: Naomi
- Middle Name: Ruth
- Last Name: Rainwater

**Sex**
- Female

**Color or Race**
- White

**Occupation**
- Housewife

**Date of Birth**
- 3-9-1878

**Date of Death**
- July 10, 1953

**Cause of Death**
- Directly Leading to Death: Broncho-pneumonia

**Antecedent Causes**
- Cerebral Hemorrhage
- Arteriosclerosis

**Other Significant Conditions**
- Old fracture neck of femur, left

**Date of Operation**
- 8/5/53

**Major Findings of Operation**

**Autopsy?**
- Yes

**Certification**

**Medical Certification**

**Institution**

**Recorded by**

**Registrar's File No.**
- 23-9-1953

**Registrar's Signature**
- J. D. Templeton