

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Adair

CERTIFICATE OF DEATH

File No. **4532**

Vot. Prec. Registration District No. 5012

Registered No.

Ino. Town Leasys Creek Ky. Registration District No. 12

(If death occurred in a hospital or institution, give its name instead of street and number.)

City (No. St., Ward)

2 FULL NAME Race Rainwater

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

16 DATE OF DEATH Feb. 23, 1919
(Month) (Day) (Year)

6 DATE OF BIRTH June 19, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1919, to Feb. 20, 1919, that last seen alive on Feb. 20, 1919, and that death occurred on the date stated above at 10:20 a.m. The CAUSE OF DEATH was as follows:

7 AGE 7 yrs. 8 mos. 4 ds. IF LESS than 1 day... hrs. or min.?

Influenza & Bronchitis Pneumonia
with 10 days -
Duration) ... yrs. ... mos. ... ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

9 BIRTHPLACE (State or country) Ky

(Signed) J. J. R. Arthur, M. D. Feb. 25, 1919 (Address) Leasys Creek Ky.

PARENTS

10 NAME OF FATHER Scott Rainwater

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Nancy Carter

13 BIRTHPLACE OF MOTHER (State or country) Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

(Informant) Scott Rainwater
(Address) Leasys Creek, Ky.

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Former or usual residence

15 Filed Jan 27, 1919

19 PLACE OF BURIAL OR REMOVAL Mc Rainwater Farm DATE OF BURIAL Feb. 24, 1919

20 UNDERTAKER John Dickson ADDRESS Leasys Creek Ky

REGISTRAR

#1805

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. Instructions on back of certificate.