

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8851

1 PLACE OF DEATH

County

Adair #12

Vot. Pct.

Cary Creek

Registration District No.

5712

Ino. Town

Primary Registration District No.

12

City

Cary Creek

(No.

St.,

Ward)

2 FULL NAME

Willie B. Rainwater

File No.

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH <i>Apr 12, 1912</i> (Month) (Day) (Year)		
7 AGE <i>3</i> yrs. <i>2</i> mos. <i>2</i> ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed (or employer)		

9 BIRTHPLACE (State or country)
Ky

PARENTS	10 NAME OF FATHER <i>Giles B. Rainwater</i>
	11 BIRTHPLACE OF FATHER (State or country) <i>Ky.</i>
	12 MAIDEN NAME OF MOTHER <i>Martha Cheek</i>
	13 BIRTHPLACE OF MOTHER (State or country) <i>K. B.</i>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Giles B. Rainwater*
(Address) *Cary Creek, Ky.*

15 Filed *4-15, 1915* *A. Hovious* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Apr 14, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 191....., to....., 191....., that I last saw h..... alive on....., 191....., and that death occurred on the date stated above at *2 P.m.* The CAUSE OF DEATH* was as follows:
Membranous Croup

(Duration)..... yrs..... mos..... ds.

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

(Signed) *J. B. Goss*, M. D.
Apr 15, 1915 (Address) *Knights Ky*

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAINING SENTS OR RECENT RESIDENTS)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
Caldwell Chapel

DATE OF BURIAL
Apr 15, 1915

20 UNDERTAKER
C. Dickison

ADDRESS
Peloton Ky.

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

#1867