

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 1 **20979**

1 PLACE OF DEATH

County DaviessVot. Pct. S. Campbellville

Inc. Town.....

Registration District No. 1367Primary Registration District No. 7516

City.....

(No. ALVIN St.,.....Registered No. 10

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

2 FULL NAME Alvin Rainwater

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Aug 12 1894
(Month) (Day) (Year)7 AGE 28 yrs. 1 mos. 7 ds.
IF LESS than 1 day..... hrs. or..... min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Farmer
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Adair County, Ky10 NAME OF FATHER J. S. Rainwater11 BIRTHPLACE OF FATHER (State or country) Indiana12 M maiden NAME OF MOTHER Jane Bault13 BIRTHPLACE OF MOTHER (State or country) Adair County, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Rainwater
(Address) Adair Ky15 Filed Sept 20th 1922 Mollie H. Hiestand
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 19, 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 1919, 1922, to Sept 18th, 1922, that I last saw him alive on Sept 18, 1922, and that death occurred on the date stated above at 6 A.M.

The CAUSE OF DEATH* was as follows:

Rheumatism affecting all joints (Arthritis deformans)
(Duration) 3 yrs. - mos. - dsContributory (Secondary).....
(Duration)..... yrs. mos. d.(Signed) C. K. Hiestand, M. D.
Sept 19, 1922 (Address) Campbellville

*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, Transients or Recent Residents) at place..... In the of death..... yrs..... mos..... ds. State..... yrs..... mos..... ds. Where was disease contracted,

if not at place of death?..... Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Carmel Cemetery DATE OF BURIAL 9/20/192220 UNDERTAKER C. K. Hiestand ADDRESS Campbellville

MARGIN RESERVED FOR INDEXING

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.