

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9935

1 PLACE OF DEATH

County *Adair*Vot. Pot. *Pleyston*

Ino. Town

City

Registration District No. *9*Primary Registration District No. *11*

(No. St., Ward)

File No.

Registered No.

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

2 FULL NAME *Liles Rainwater*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

6 DATE OF BIRTH *April 1, 1870*
(Month) (Day) (Year)

7 AGE *47* yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Cassy Co., Ky.*

10 NAME OF FATHER *John R. Rainwater*

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

12 MAIDEN NAME OF MOTHER *Rhoda Ann Rainwater*

13 BIRTHPLACE OF MOTHER (State or country) *Cassy Co., Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *John Brown*

(Address) *Pleyston, Ky.*

15 Filed *May, 1927* *W. Cabander*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 27, 1927*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *April 20, 1927*, to, 191....., that I last saw him alive on, 191....., and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

Salvular lesions of heart
(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) *J. J. Abbott*, M. D.
, 191... (Address) *Cassy Creek, Ky.*

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 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* DATE OF BURIAL *4/28, 1927*

20 UNDERTAKER ADDRESS

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.

MAKING RESERVED FOR BINDING