

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

PLACE OF DEATH

County

Pulaski

Vol. Pct.

Franklin

Inc. Town

City

Waterloo

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

FULL NAME

Frankie Rainwaters

File No.

32471

Registered No.

11

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

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female	2 COLOR OR RACE White	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
4 DATE OF BIRTH Mar. 27, 1923 (Month) (Day) (Year)		
5 AGE 88 yrs. 8 mos. 29 ds.		6 IF LESS THAN 1 day ... hrs. or ... min ?

7 OCCUPATION  
(a) Trade, profession, or particular kind of work. - At home  
(b) General nature of industry, business, or establishment in which employed (or employer)

8 BIRTHPLACE  
(State or country)

Virginia

9 NAME OF FATHER

Hiram Chaney

10 BIRTHPLACE OF FATHER  
(State or country)

Virginia

11 MAIDEN NAME OF MOTHER

Mary Wether

12 BIRTHPLACE OF MOTHER  
(State or country)

Virginia

13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. G. Garner

(Address)

Burnettsville Ky

Filed

12-27, 1911

N.R. 40000

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH

Dec. 26, 1911  
(Month) (Day) (Year)

15 I HEREBY CERTIFY, That I attended deceased from

Dec. 26, 1911, to Dec. 26, 1911,

that I last saw her alive on Dec. 26, 1911,

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH\* was as follows:

Chronic valvular heart disease.

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

Contributory Chronic interstitial Nephritis

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

(Signed) Brent Weddle, M. D.

1911 (Address) Cairo Store, Ky.

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

(15) 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

16 PLACE OF BURIAL OR REMOVAL

Franklin

DATE OF BURIAL

Dec 28, 1911

17 UNDERTAKER

J. G. Garner

ADDRESS

Burnettsville Ky

#1872

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. 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.