

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

PLACE OF DEATH
 County Oulaski
 Vol. No. Fairbush No. 14
 Inc. Town _____
 City _____ (No. _____ St.; _____ Ward)

File No. 17586
 Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Perry M. Rainwater

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (If write the word) married
 DATE OF BIRTH May 1, 1853
 (Month) (Day) (Year)
 AGE 60 yrs. 1 mos. 10 ds. IF LESS than 1 day ____ hrs. or ____ min.?
 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Kentucky
 PARENTS
 10 NAME OF FATHER Stanton Rainwater
 11 BIRTHPLACE OF FATHER (State or country) Kentucky
 12 MAIDEN NAME OF MOTHER Eva Jarter
 13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) A. C. Jarter
 (Address) Fairbush Ky.

15
 Filed June 13 1913 J. C. Waddell
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH **DELAY**

16 DATE OF DEATH June 11, 1913
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from Feb. 1913, to June 11, 1913, that I last saw him alive on June 11, 1913, and that death occurred, on the date stated above, at 7²⁰ am.
 The CAUSE OF DEATH* was as follows:

Biliary Calculi
 (Duration) 1 yrs. 7 mos. 0 ds.
 Contributory Oedema of lungs
 (SECONDARY) (Duration) ____ yrs. ____ mos. 3 ds.
 (Signed) Leonidas Hughes, M.D.
June 11, 1913 (Address) Fairbush Ky.

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

18 PLACE OF BURIAL OR REMOVAL Jarter Cemetery DATE OF BURIAL June 12, 1913
 19 UNDERTAKER A. C. Jarter ADDRESS Fairbush 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 in full. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Examination of OCCUPATION is very important. See instructions on back of certificate.

#1873