

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of Death, the Birth Certificate. 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.

1 PLACE OF DEATH #1883

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Reg. #44039

R. O. V. S.

Registered No. 7

D

County Ken

City Kerrville

(No)

St.

Ward

2 FULL NAME Jefferson Davis Rainwater RESIDENCE NO. 408 S. Everett

Length of residence in city or town where death occurred 3 yrs. 9 mos. 7 ds. (If nonresident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

6 DATE OF BIRTH

March 16, 1888
(Month) (Day) (Year)

7 AGE

If less than 2 years state if breast fed

36 yrs. 9 mos. 18 ds.

If less than 1 day

Yes No

hrs. mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Barber

(b) General nature of industry, business or establishment in which employed (or employer)

Legion Hospital

9 BIRTHPLACE

(State or country)

Missouri

10 NAME OF FATHER

Rufus Rainwater

11 BIRTHPLACE OF FATHER

(State or country)

Missouri

12 MAIDEN NAME OF MOTHER

Francis Garrison

13 BIRTHPLACE OF MOTHER

(State or country)

Missouri

14 THE ABOVE IS TRUE

(Informant) Mrs. J. D. Rainwater

(Address) Kerrville, Texas

15

Filed 12/19/1925 J. H. Ward Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH

Dec 4 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

 , 1925, to , 1925

that I last saw him alive on , 1925

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

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lungs

(duration) yrs. mos. ds.

Contributory (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

 , 1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19 PLACE OF BURIAL OR REMOVAL

Kerrville Tex.

DATE OF BURIAL

Dec 5 1925

20 UNDERTAKER

J. H. Ward

ADDRESS

Kerrville