

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S.—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.

FORM V. S. 1-1-300 H. 10-10-10

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

1 PLACE OF DEATH

County Cassy

Vot. Pot. Rate

Inc. Town Mintonville

City (No. 553)

St. Ward

File No. 11754

Registered No. 54

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

2 FULL NAME Sarah Jane Rainwater

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married (Write the word)

6 DATE OF BIRTH May 5, 1911 (Month) (Day) (Year)

7 AGE 66 yrs. 4 mos. 22 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Fairbush Pollock Co., Ky.

10 NAME OF FATHER John Emberson

11 BIRTHPLACE OF FATHER (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Malda Ray Daise

13 BIRTHPLACE OF MOTHER (State or country) N. Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. S. Rainwater

(Address) Mintonville Ky.

15 Filed May 6, 1911 J. J. Hager REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 4, 1911 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 25, 1911, to May 4, 1911, that I last saw her alive on May 4, 1911, and that death occurred, on the date stated above, at 7:20 P.M.

The CAUSE OF DEATH* was as follows: Bronchial Asthma and nephritis acute

(Duration) 25 yrs. 10 mos. 12 ds.

Contributory Acute nephritis (SECONDARY) (Duration) 10 yrs. 10 mos. 10 ds.

(Signed) H. C. Dyer M. D.

May 5, 1911 (Address) Mintonville Ky.

*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 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 Mintonville Ky. DATE OF BURIAL May 6, 1911

20 UNDERTAKER Emmanuel Holder ADDRESS Mintonville Ky.

#1939