

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

1 PLACE OF DEATH

County HardinVol. East View

Inc. Town _____

City _____ (No. _____ St. _____ Ward _____)

File No. 32099Registered No. 6104

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

2 FULL NAME William Rainwater

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH not known
(Month) (Day) (Year)

7 AGE _____ If LESS than 1 day _____ hrs, or _____ min.?
_____ yrs. _____ mos. _____ ds.

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

9 BIRTHPLACE (State or country) Penn.

PARENTS

10 NAME OF FATHER _____

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. D. Hunt
(Address) East View Ky

Filed _____, 1913

REGISTRAR Wm Scott

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 24, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,
that I last saw him alive on Nov 4, 1913,
and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis

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

Contributory _____

(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. H. Croley, M. D.
Dec 25, 1913 (Address) White Mills 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 East View Ky DATE OF BURIAL Dec 25, 1913

20 UNDERTAKER Scott & Nelson ADDRESS _____