

1 PLACE OF DEATH

County LetcherVot. Pct. Letcher

Inc. Town _____

City _____

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 18Primary Registration District No. 22

(No. _____ St. _____ Ward)

2 FULL NAME J. B. Rainwater

28628

File No. _____

Registered No. _____

(If death occurred in a hospital or institution, give the NAME, STREET, and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH _____
(Month) (Day) (Year)7 AGE 76 yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Farmer
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Henry Rainwater11 BIRTHPLACE OF FATHER (State or country) Don't know

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Rainwater(Address) Letcher Co. 315 Filed Sept 13, 1923 Dr. J. J. Jones

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 3, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw him _____ alive on _____, 192____, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:
Had no Dr. Paraly and the body was swollen & thought it was Dropsy
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

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

(Signed) _____, M. D.

_____, 192____ (Address) _____

*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 _____ 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 DATE OF BURIAL

Cornod Cemetery Sept 13, 1923

20 UNDERTAKER ADDRESS

E. J. Hargrave Letcher Co.

#1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See statement of OCCUPATION is very important. See instructions on back of certificate.