

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **17006**
Registered No. **6**

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

1 PLACE OF DEATH
County **Pulaski**
Vol. **Fellbranch**
Inc. Town **Carm Town**
City **Carm Town**

Registration District No. **P**
Primary Registration District No. **7263**

(No. **St.** Ward)
2 FULL NAME **George Alfred Rainwater**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M** 4 COLOR OR RACE **W.** 5 Single **Married**
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH **July 10 1896**
(Month) (Day) (Year)

7 AGE **28** yrs. **3** mos. **3** 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) **Pulaski Co Ky**

PARENTS

10 NAME OF FATHER **John Rainwater**

11 BIRTHPLACE OF FATHER (State or country) **North Carolina**

12 MAIDEN NAME OF MOTHER **Esther L. Lawless**

13 BIRTHPLACE OF MOTHER (State or country) **Clark Co.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Fred Rainwater**
(Address) **Nancy Ky**

15 Filed **8/9/1924** **Fred Pierce Jr.** Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **July 13 1924**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **May 30 1922**, to **July 13 1924**, that I last saw him alive on **July 12 1924**, and that death occurred on the date stated above at **79** m.
The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis
(Duration) **2** yrs. **1** mos. **13** ds.

Contributory (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) **Brent Weddle**, M. D.
July 13, 1924 (Address) **Nancy 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 ____ in the ____
of death ____ yrs. ____ mos. ____ ds. 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
Cedar Point **July 14 1924**

20 UNDERTAKER ADDRESS
M. A. Dodson Co Somerset 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 EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. This statement of OCCUPATION is very important. See instructions on back of certificate.