

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15310

County PulaskiVot. Pct. NancyRegistration District No. 1207

Inc. Town

Primary Registration District No. 7231City Nancy

(No. _____ St., _____ Ward)

File No. _____

Registered No. _____

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

2 FULL NAME

Rocco C Rainwater

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single 8
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH June 8 1925
(Month) (Day) (Year)

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

8 OCCUPATION
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Chester Rainwater11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Rhoda Wilson13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester Rainwater(Address) Nancy Ky15 Filed June 19, 1925 Brent Weddle

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 18 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw him alive on June 18, 1925, and that death occurred on the date stated above at 4 P.m.The CAUSE OF DEATH* was as follows:
Eight months utero gestation
(Duration) _____ yrs. _____ mos. 6 1/2

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds

(Signed) Brent Weddle, M. D.June 18, 1925 (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 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 DATE OF BURIAL

New Hope June 19, 1925

20 UNDERTAKER ADDRESS

Tom Emerson Nancy Ky

#1972

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 terms so that it may be properly classified. Extra statement of OCCUPATION is very important. See instructions on back of certificate.

MADE BY THE BUREAU OF VITAL STATISTICS