**COMMONWEALTH OF KENTUCKY**
**BURKE BOARD OF HEALTH**
**BUREAU OF VITAL STATISTICS**
**CERTIFICATE OF DEATH**

**County:** Taylor
**File No.**
**Registered No.**
**Ct.** Ward
**Inc. Town.**
**Primary Registration District No. 3537**

2 FULL NAME: Minnie Ethel Rainwater

(a) Residence No. J. F.

Length of residence in city or town where death occurred yrs. mos. da.

5 Single Married Widowed or Divorced (Write the word)

if married, widowed, or divorced

HUSBAND of: H. Rainwater
(WIFE of: )

6 DATE OF BIRTH: August 25, 1903

7 AGE: 26 yrs. 4 mos. 4 days

8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town): Campbellsville

(State or country)

10 NAME OF FATHER: J. S. Barnett

11 BIRTHPLACE (city or town): Peace

(State or country)

12 MAIDEN NAME OF MOTHER: Eliza Jane Williams

13 BIRTHPLACE (city or town): Peace

(State or country)

14 INFORMANT: J. S. Barnett

(Address): Campbellsville Ky.

15 Filed Jan 1, 1930 Mrs. Otha Rainwater

Registrar

16 DATE OF DEATH: Dec. 27, 1929

17 I HEREBY CERTIFY, That I attended deceased from April 1929 to Dec. 25, 1929 that I last saw her alive on Dec. 28, 1929, and that death occurred on the date stated above at 2 p.m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

18 WHERE WAS DISEASE CONTRACTED

if not at place of death:

Did an operation precede death? no

Was there an autopsy? yes

(C) What test confirmed diagnosis? Laboratory

19 PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cemetery

DATE OF BURIAL: Dec 30, 1929

UNTERTAKER: M. J. Voss

ADDRESS: Campbellsville Ky.