

Form V. B. 1-A-50m-11-1-29

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS

## 1 PLACE OF DEATH

County PulaskiVot. Pct. JamesInc. Town Summit

City \_\_\_\_\_

## CERTIFICATE OF DEATH

Registration District No. 1205-Primary Registration District No. 7268

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME Geo. Edward Rainwater

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Feb. 22-307. AGE Years \_\_\_\_\_ Months 7 Days \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Pulaski, Ky. (State or country)13. NAME Walter Rainwater

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country)

15. MAIDEN NAME Ertie L. Agnew16. BIRTHPLACE (city or town) Lebanon, Tenn. (State or country)17. INFORMANT Walter Rainwater (Address)18. BURIAL, CREMATION, OR REMOVAL Place East Side Date March 23, 193019. UNDERTAKER Neighbors (Address)20. FILED Apr. 10, 1930 W. L. Rainwater Registrar.

File No. \_\_\_\_\_

Registered No. 63

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 22, 1930

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw X alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Still Born. Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation X Date of \_\_\_\_\_What test confirmed diagnosis? X Was there an autopsy? X23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? X Date of injury X 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury XNature of injury X

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Walter Rainwater, M. D.(Address) Summit, Ky.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. Exant statement of OCCUPATION is very important. See instructions on back of certificate.