

Form V. 2. 1-2-60m-11-1-30

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Hopkins

Vol. Pat.

6

Registration District No.

731

Inc. Town

Primary Registration District No.

5769

City

Earlington

(No.

St.

Ward)

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

2 FULL NAME

Dorothy Jean 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.

Now lang in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

White

5. Single, Married, Widowed

or Divorced (write the word)

Infant

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

8. DATE OF BIRTH (month, day, and year) 1-5-34

7. AGE

Years

Months

Days

If LESS than

1 day

or min.

14

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Earlington Ky

13. NAME

Eleanor Rainwater

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

Earlington Ky

15. MAIDEN NAME

Ellen Brickley

16. BIRTHPLACE (city or town) (State or country)

Breeshridge Co

MOTHER/FATHER

17. INFORMANT (Address)

Eleanor Rainwater

18. BURIAL, CREMATION, OR REMOVAL

Place

Earlington Ky

19. UNDERTAKER (Address)

Raid and Co20. FILED 1-20-1934Jan 20

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-18, 1934

22. I HEREBY CERTIFY That I attended deceased from

Jan 5, 1934 to Jan 18, 1934I last saw him alive on June 18, 1934, death is saidto 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:

Convulsion, result of pressure due to use of instruments at time of delivery

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) C. B. Johnson M. D.(Address) Earlington

#1987

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.