

N. B.—WRITE PLAINLY, WITH "READING IN"—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. It 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.

Form V. S. 1-B—100m—9-9-30

1 PLACE OF DEATH

County PulaskiVot. Pct. Pass Branch(Ind. Town) Harrison

City _____

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

Registration District No. 1208Primary Registration District No. 7234(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Paralee 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 F 4. COLOR OR RACE W 5. Single, Married, Widowed
Married (If married, write the word)6a. If married, widowed, or divorced
(or) WIFE of Mount Rainwater6. DATE OF BIRTH (month, day, and year) Jan. 5, 18547. AGE Year 83 Months 6 Days 6 If LESS than
1 day _____ hrs. _____
or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pulaski Co Ky
(State or country)13. NAME Enoch Rainwater14. BIRTHPLACE (city or town) Kentucky
(State or country)15. MAIDEN NAME Martha Compton16. BIRTHPLACE (city or town) Kentucky
(State or country)17. INFORMANT F Rainwater
(Address) Faubuch Ky18. BURIAL, CREMATION, OR REMOVAL
Place New Hope Cemetery Date 7.12.3719. UNDERTAKER Denney-Murrell-Ramsey Co
(Address) Somerset Ky20. FILED July 16, 1937 Clilla Hughes
Registrar

1937

File No. 6Registered No. 16

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937 to July 11, 1937
I last saw h. alive on July 10, 1937, death is said to have occurred on the date stated above, at 3:30 m.
The principal cause of death and related causes of importance in order of onset were as follows:

Measles 7-10-37 6-20-37

Contributory causes of importance not related to principal cause:

Pneumonia latens 7-1-37

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 _____ 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 _____

Nature of injury _____

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

(Signed) Clilla Hughes
Registrar (Address) Faubuch Ky

#2000