

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1-B—56m—1-12-31

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

File No. _____

19403

Registered No. _____

1. PLACE OF DEATH

County Butler
Vot. Pct. Huntsville
Inc. Town _____

Registration District No. 173
Primary Registration District No. 2028

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Lennie May 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 7 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) W
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH Aug - 7 - 39
7. AGE _____ Years _____ Months _____ Days If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 7 W
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Butler Co. Ky.13. NAME Wesley Rainwater14. BIRTHPLACE Ky15. MAIDEN NAME Kester Conley16. BIRTHPLACE Ky17. INFORMANT E. H. Bell Massey
(Address) South Hill Ky18. BURIAL, CREMATION, OR REMOVAL
Place Wesley Cem Date Aug 8 193919. UNDERTAKER B. A. Webster
(Address) South Hill Ky20. FILED Aug. 19, 1939 Elmore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug - 7, 1939

22. I HEREBY CERTIFY that I attended deceased from _____, 19____ to _____, 19____

I last saw him 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:

Strangled 1608 Date of onset _____

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 _____ 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) _____, M. D.

(Address) _____

#2008