Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

DELAY

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS

State File No. 6101
Registrar's No.

CERTIFICATE OF DEATH

Registration District No. 920 Primary Registration District No. 6811

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.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Logan
(b) City or town Lewisburg Rural
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution.
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Logan
(c) City or town Lewisburg, Rural
(If outside city or town limits, write RURAL)
(d) Street No.
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Lula Belle Rainwater

3(b) If veteran, Name war

3(c) Social Security No.

4. Sex F | 5. Color or race W | 6(a) Single, widowed, married, divorced M

6(b) Name of husband or wife Virgil Rainwater

6(c) Age of husband or wife if alive 67 Years

7. Birth date of deceased Aug (Month) 16 (Day) 1896 (Year)

8. AGE: Years 51 | Months 6 | Days X | If less than one day hr. min.

9. Birthplace Logan County Ky

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hayden Smith
13. Birthplace Logan County Ky

MOTHER
14. Maiden name Wallis Lyon
15. Birthplace Logan County Ky

16(a) Informant's own signature Mrs Geo. Henderson
(b) Address Lewisburg, Ky Route 4

17. BURIAL, CREMATION, OR REMOVAL
Place Buchland Cem. Date Feb 25, 1948

18(a) Signature of funeral director H C Hargrove
(b) Address Lewisburg, Ky

19(a) 3-5-48 (Date received by local registrar) (b) Lucy Hoyt Anderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1948

21. I hereby certify that I attended the deceased from 1940 to 1947. that I last saw him alive on 1947. and that death occurred on the date stated above at 9:15 P. M.

Immediate cause of death Chronic Bronchitis — DURATION

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12 or 14
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature V A Emmons (M. D. or other)
Address Lewisburg Date signed

#2022