

1. PLACE OF DEATH

STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATHCOUNTY OF HendersonPRECINCT NO. 1Res. Rt. 1, Athens, Texas **17182**

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF DECEASED Hallie Pearl Rainwater

LENGTH OF RESIDENCE _____ YEARS _____ MONTHS _____ DAYS (SOCIAL SECURITY NO. _____)

RESIDENCE OF STREET _____ CITY Athens COUNTY Henderson STATE Texas
THE DECEASED AND NO. Rt. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) Single6. DATE OF BIRTH Nov. 3, 18887. AGE YEARS 58 MONTHS 5 DAYS 16 IF LESS THAN 1 DAY HOURS _____ MIN _____8A. TRADE, PROFESSION OR KIND OF WORK DONE Domestic8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED H9. BIRTHPLACE (STATE OR COUNTRY) Texas10. NAME Albert Rainwater11. BIRTHPLACE (STATE OR COUNTRY) Texas12. MAIDEN NAME Renia Nix13. BIRTHPLACE (STATE OR COUNTRY) Texas14. SIGNATURE Ocie RainwaterADDRESS Rt. 1, Athens, TEXAS15. PLACE OF BURIAL OR INTERMENT Becka Chapel, TEXASDATE April 20, 194716. SIGNATURE [Signature]ADDRESS HASSELL-FOSTER, Box 495, Athens, TEXAS20. FILE NUMBER 808 FILE DATE 4-21 1947SIGNATURE OF LOCAL REGISTRAR [Signature]POSTOFFICE ADDRESS Athens, TEXAS

MEDICAL PARTICULARS

17. DATE OF DEATH April 19 194718. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 23 1947 TO April 19 1947I LAST SAW HIM ALIVE ON March 27 1947THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 4:40 A. M.

THE PRIMARY CAUSE OF DEATH WAS:

Brain tumor

DURATION

Few mos.

CONTRIBUTORY CAUSES WERE

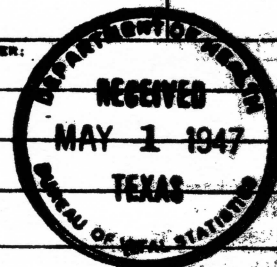
IF NOT DUE TO DISEASE, SPECIFY WHETHER:

ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE

PLACE OF OCCURRENCE

MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY

SIGNATURE [Signature]ADDRESS Athens, TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#2078