

092-1-0-1-250-0-0

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

E9760 49

STATE OF TEXAS

STATE FILE NO.

13072

1. PLACE OF DEATH a. COUNTY <b>Gregg</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Wood</b>	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Longview, Texas</b>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Quitman</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cabin #17: Booth Courts</b>		d. STREET ADDRESS <b>General Delivery</b>	
3. NAME OF DECEASED a. (First) <b>W.</b> b. (Middle) <b>W.</b> c. (Last) <b>Rainwater</b>		4. DATE OF DEATH <b>Saturday, March 3, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 29, 1910</b>
9. AGE <b>40</b>		10. MONTHS <b>2</b>	11. DAYS <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Oilfield Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Industry</b>	
11. BIRTHPLACE (State or foreign country) <b>Texas</b>		12. BIRTHPLACE <b>Unknown</b>	
13. FATHER'S NAME <b>H. K. Rainwater,</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE <b>Mrs. Jewel Rainwater (Widow)</b>		18. INFORMANT'S SIGNATURE <b>Mrs. Jewel Rainwater (Widow)</b>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Guns shot wound</u></b> <b>ANTECEDENT CAUSES</b> <b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Interval between onset and death</b>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION			
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ADDRESS OF DECEASED <b>Suicide Courts</b>	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <b>Longview, Texas</b>	20c. CITY, TOWN, OR PRECINCT NO. <b>Longview, Gregg, Texas</b>	20d. COUNTY <b>Gregg</b>
20e. TIME OF INJURY <b>3/3</b>	20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20g. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
22. SIGNATURE <b>J. P. Richardson</b>		22b. ADDRESS <b>Longview</b>	
22c. DATE SIGNED <b>3/26/51</b>		23. NAME OF CEMETERY OR CREMATORY <b>Quitman Cemetery</b>	
24. LOCATION (City, town, or county) (State) <b>Quitman, Wood County, Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>By: H. J. Mosley</b>	
25. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR <b>MAR 26 1951</b>	
25c. REGISTRAR'S SIGNATURE <b>H. J. Mosley</b>			

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

WILLIAM W.

#2080