

1. PLACE OF DEATH

STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

17183

COUNTY OF Henderson~~3443~~  
PRECINCT NO. 12. FULL NAME OF DECEASED Reina Rainwater

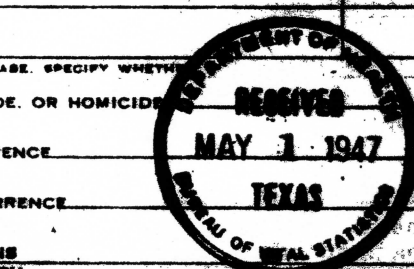
GIVE STREET AND NUMBER OR NAME OF INSTITUTION

LENGTH OF RESIDENCE 47 YEARS MONTHS DAYS (SOCIAL SECURITY NO. ---)  
WHERE DEATH OCCURREDRESIDENCE OF DECEASED AND NO. Rt. 1 CITY Athens COUNTY Henderson STATE Texas

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Whit e5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) Widowed6. DATE OF BIRTH Oct. 9, 18677. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY  
79 5 23 HOURS MIN8A. TRADE, PROFESSION OR KIND OF WORK DONE Retired- Housewife

8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED " "

9. BIRTHPLACE (STATE OR COUNTRY) Texas10. NAME Bill Nix11. BIRTHPLACE (STATE OR COUNTRY) Alabama12. MAIDEN NAME Jane Gilbert13. BIRTHPLACE (STATE OR COUNTRY) Mississippi14. SIGNATURE Ocie RainwaterADDRESS Rt. 1, Athens, TEXAS15. PLACE OF BURIAL OR CREMATION Becks Chapel, TEXASDATE April 3, 194716. SIGNATURE C. Y. RoneADDRESS HASSELL-FOSTER, Box 495, Athens, TEXAS20. FILE NUMBER 806 FILE DATE 4-8, 1947SIGNATURE OF LOCAL REGISTRAR S. A. CarrollPOSTOFFICE ADDRESS Athens, TEXAS17. DATE OF DEATH April 2, 194718. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 15, 1947 TO March 2, 1947I LAST SAW HIM ALIVE ON March 27, 1947THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 5:40 P. M.

THE PRIMARY CAUSE OF DEATH WAS:

Intercranial hemorageChronic nephritis

CONTRIBUTORY CAUSES WERE

DURATION

2 weeks?

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 M. D. Giddis

ADDRESS

Athens, TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#2082