

NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillbirth given as cause of Death, file with Certificate. Every time of infant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH

County Terry

City Wellman

TEXAS STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH

Reg. **26558**

R. G. V. S.

Registered No. _____

D

2 FULL NAME

John Calvin Rainwater

(a) RESIDENCE. NO.

St. _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

(If nonresident give city or town and State)

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

6 DATE OF BIRTH

(Month) _____

(Day) 4 days

(Year) _____

7 AGE

If less than 2 years state if breast fed

If less than 1 day

Yes no No. _____

hrs. _____

mins. _____

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Wellman Tex

10 NAME OF FATHER

J. R. Rainwater

11 BIRTHPLACE OF FATHER

(State or country)

Callin Co. Tex

12 MAIDEN NAME OF MOTHER

Ma Dowdy

13 BIRTHPLACE OF MOTHER

(State or country)

Denton Co. Tex

14 THE ABOVE IS TRUE

(Informant)

J. R. Rainwater

(Address)

Wellman Tex.

15

Filed 7-22 1926

J. R. Rainwater
Registrar.

MEDICAL PARTICULARS

16 DATE OF DEATH

July

3

(Month)

(Day)

1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from

1926 to no medical attention

that I last saw h. _____ alive on _____, 1926

and that death occurred on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Concussion

(duration)

yrs. _____

mos. _____

4 ds.

Contributory

(Secondary)

(duration)

yrs. _____

mos. _____

ds. _____

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

G. I. P. Graves

(Signed)

G. I. P. Graves

M. D.

7-22-

1926

(Address) Brownfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19 PLACE OF BURIAL OR REMOVAL

Brownfield Tex

DATE OF BURIAL

July 4 1926

20 UNDERTAKER

H. B. Downing

ADDRESS _____

#2084