

December 12, 1988

CERTIFICATE OF DEATH
STATE OF ALABAMA

19630

1. PLACE OF DEATH a. County Tallapoosa 62012 b. Beat No. 2		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. State Alabama 62012 b. County Tallapoosa	
3. City (If outside city or town limits, write RURAL) Alexander City d. Length of Stay (In this place)		c. City (If outside city or town limits, write RURAL) Or Alexander City d. Beat No.	
4. Full Name of (If not in hospital or institution, give street address or location) Hospital Or Institution Russell Hospital		d. Street Address (If rural, give location)	
5. Name Of DECEASED (Type or Print) a. (First) Wyatt b. (Middle) Uriah c. (Last) Rainwater 536		4. Date (Month) (Day) (Year) Of Death Sept. 6, 1952	
6. Sex Male	6. Color or Race White	7. Married, Never Married, Widowed, Divorced (Specify) Married	8. Date of Birth 8-30-1876
9. Age (In years last birthday) 76		10. Kind of Business or Industry Farming	11. Birthplace (State and county or foreign country) Clay Co. Ala.
12. Citizen of What Country? USA		13. Father's Name John Daniel Rainwater	
14. Mother's Maiden Name Rebecca Linton		15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) No	
16. Social Security No. None		17. INFORMANT'S NAME AND ADDRESS Mrs. W. U. Rainwater, Alex. City, Ala.	

18. Cause of Death Enter only one cause per line for (a), (b), and (c) I. Disease or Condition Directly Leading to Death* (a) <i>Cerebral hemorrhage</i>		Interval Between Onset and Death <i>2 days</i>
Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due To (b) _____ Due To (c) <i>331X</i>		
II. Other Significant Conditions Conditions contributing to death but not related to the disease or condition causing death. <i>Diabetes</i>		<i>5 years</i>
19a. Date of Operation	19b. Major Findings of Operation	20. Autopsy? Yes [] No [X]

21a. Accident Suicide, Homicide (Specify)	21b. Place of Injury (home, farm, factory, street, office bldg., etc.)	21c. (City, Town, or Rural) (County) (State)
21d. Time (Month) (Day) (Year) (Hour)	21e. Injury Occurred While at Work [] Not While at Work []	21f. How Did Injury Occur?

22. I hereby certify that I attended the deceased from *Sept 4, 1952* to *Sept 6, 1952*, that I last saw the deceased alive on *Sept 6, 1952* and that death occurred at *10:15 A* m. from the causes and on the date stated above.

22a. SIGNATURE <i>Harold G. Dash</i>	(Degree or title) <i>M.D.</i>	22b. Address <i>Alexander City, Ala</i>	22c. Date Signed <i>9-30-52</i>
23a. Burial, Cremation, Removal (Specify) <i>Burial</i>	23b. Date <i>9-7-1952</i>	23c. Name of Cemetery or Crematory <i>City Cemetery</i>	23d. Location (City, town, or county) (State) <i>Alexander City, Alabama</i>
Date Rec'd by Local Reg. <i>10-3-52</i>	Registrar's Signature <i>Wm. L. B. Keller</i>	24. Funeral Director <i>Radney Funeral Home, Alex. City, Ala.</i>	Address