

CERTIFICATE OF DEATH

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

File No. for State Registrar Only.

15209

1 PLACE OF DEATH Clay Registration District No. 1A-5006 Registered No. 40
County _____
Town or City of Ashland No. _____ St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME _____
(a) Residence, No. J. L. Rainwater St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. 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 married
(Write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Rainwater

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) Ga
(State or country)

10 NAME OF FATHER Albion Rainwater

11 BIRTHPLACE OF FATHER (city or town) Ga
(State or country)

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country)

Informant Rebecca Rainwater
(Address)

Filed Aug. 19, 1920 Mrs. C. B. Bell
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1920

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1920, to Aug 17, 1920, that I last saw h. _____ alive on _____, 1920, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:
Myocarditis
7 9
(duration) _____ yrs. _____ mos. _____ 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? Yes

What test confirmed diagnosis? _____
(Signed) Jas. L. Gray M. D.
(Address) Ashland, Ala

*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. (See reverse side for additional information.)

19 PLACE OF BURIAL, CREMATION, or REMOVAL Pole Bridge DATE OF BURIAL Aug 20 1920

20 UNDERTAKER Jesse Stinchcomb ADDRESS Ashland

#2127