

# CERTIFICATE OF DEATH

State File No. **29566**  
Custodian's No. **19**

BIRTH NO.		Militia Dist. No.		2. DATE OF DEATH	
1. NAME OF DECEASED (First) Edward (Type or Print)		(Middle) Howard (Last) Rainwater, Sr.		(Month) September (Day) 9, (Year) 1970	
3. PLACE OF DEATH (County) Gwinnett		067335-1350		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) State Georgia County Gwinnett City or Town Lawrenceville In City Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> LENGTH OF STAY (in this place) 12 yrs.	
City or Town Lawrenceville		In City Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> LENGTH OF STAY (in this place) 12 yrs.		Street Address or R.F.D. and Box No. 510 Hurricana Shoals Road	
Name of Hosp. or Institution Burton-Gwinnett Hospital		LENGTH OF STAY 2 days		15. IS RESIDENCE ON FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 16. BURIAL REMOVAL <input type="checkbox"/> DATE Sept. 11, 1970 CREMATION <input type="checkbox"/>	
5. SEX M	6. RACE W	7. BIRTHPLACE (State or foreign country) Fulton Co., Ga.	CITIZEN OF WHAT COUNTRY? USA		
8. DATE OF BIRTH Aug. 8, 1907		9. AGE (In years) 63	IF UNDER 1 YEAR Months Days Hours Min.		
10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		13. FATHER'S NAME Edward Rainwater			
14. MOTHER'S MAIDEN NAME Maggie Eskew		15. EMBALMER'S SIGNATURE W. Bryant Shelton			
16. MORTICIAN Herschel McDaniel Funeral Home, Inc.		17. MORTICIAN'S ADDRESS 268 Broad Street, NW - Fairburn, Ga.			
18. INFORMANT Mrs. Elvie H. Rainwater		19. INFORMANT'S ADDRESS 510 Hurricana Shoals Rd., Lawrenceville			
20. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PLEASE PRINT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>terminal pneumonia</i> DUE TO (b) <i>chronic lymphatic leukemia</i> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 4 days		DO NOT WRITE IN THIS SPACE 2. 3. 4. 5. 6. <i>2041 89</i> <i>39 years - 1 463</i>	
21. CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		22. PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I (a)			
23. ACCIDENT <input type="checkbox"/> PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		24. I hereby certify that I attended the deceased from <i>12/2</i> 19 <i>67</i> , to <i>9/8</i> 19 <i>70</i> , that I last saw the deceased alive on <i>9/8</i> 19 <i>70</i> , and that death occurred at <i>11</i> a.m., from the causes and on the date stated above.	
(CITY OR TOWN) (COUNTY) (STATE)		TIME OF INJURY (Month) (Day) (Year) (Hour)		25. SIGNATURE <i>W. D. Smith</i>	
HOW DID INJURY OCCUR?		26. DATE REC'D BY LOCAL REG. 9-21-70		27. REGISTRAR'S SIGNATURE <i>A. W. Zuckerman</i>	
28. ADDRESS <i>Lawrenceville, Ga.</i>		29. DATE SIGNED 9/16/70		30. Georgia Department of Public Health Vital Records Service	

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