		The state of the state of the state of		eceased lived. If institution:		ssion)
a. COUNTY Wil	Lbarger		a. STATE Texas	b. COUN	Wilbarg Wilbarg	er
b. CITY OR TOWN (If or	utside city limits, give precinct no.)	c. LENGTH OF STAY	c. CITY OR TOWN (If outs			
Verno	on	in 1 b. 43 yrs	Vernon		bika sa bab	Abto to make
d. NAME OF (If not in hos	pital, give street address)		d. STREET ADDRESS (If rure	al, give location)		
INSTITUTION Will	parger General		2128 Mesq	uite	914 . Health 2.43	melecus taises
e. IS PLACE OF DEATH	INSIDE CITY LIMITS?	THE WATER	e. IS RESIDENCE INSIDE	CITY LIMITS?	f. IS RESIDENCE ON	A FARM?
	YES X 1	МО□	YES 📉	NO 🗆	YES□	NOX
NAME OF (a) First	(b) Middle	(c) Last	4. DATE OF DEATH		202
DECEASED (Type or print)	Roscoe	The second	ainwater	11-8-72		as a still a trail
SEX	6. COLOR OR RACE 7		8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER I YEAR	
Male	White	Married ☐ Never Married ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	7-4-1883	89	Months Days	Hours Minute
A STATE OF THE PARTY OF THE PAR	Give kind of work done 10b. KIND OF		11. BIRTHPLACE (State or foreig		12. CITIZEN OF W	HAT COUNTRY?
during most of working life, even if retired)						
Retired Insu	urance Insur	ance -	Kentucky 14. MOTHER'S MAIDEN NAME		USA	CLASS SCHOOL
Josian W.	Rainwater	SOCIAL SECURITY NO.	Elizabeth J.	Weddie	· ·	
	give war or dates of service)		Calan	in VY M	1	1 a tox
No		460 36 2196	Torre	a reac	m	INTERVAL BETWEEN
TEXAS DEPART	MENTEOF: HEALTH	(b), and (c).			14-4-6	ONSET AND DEATH
TEATIO BETTINI	IMMEDIATE CAUSE (a)	Jupalies			/	un
DEO		10 1. 1 1			- CONTROL - CONT	
I DEMARIONS HUM!	G 1972	0 1 11 1		4		2 me della
REDICTIONS, DEVC	6 1972 DUE TO (6)	Malle In	anopusa fo	ypatitis	1 - 1 - d	mo
above cause (a), stating the under-	DUE TO (b)	Whall Is	anopum he	ypatitis	d d	3 mo
READ ons, Iden V which gave rise to above cause (a), stating the under- BUREAUs OF	VITAL STATISTICS	Wall In	anopum le	ypatitis	d d	go
above cause (a), stating the under-	VITAL STATISTICS	Malle J	LATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN	V PART I(a) 19.	WAS AUTOPSY PI
above cause (a), stating the under- BUREAUs OF \	VITAL STATISTICS	70.	LATED TO THE TERMINAL DISEASE LINES THE THE TERMINAL DISEASE LINES THE TERMINAL DISEASE LINES THE TERM	SE CONDITION GIVEN IN		WAS AUTOPSY PIFORMED?
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ebove cause (a), stating the under-BUREAU * 0 F N SIGN SIGN SIGN SIGN SIGN SIGN SIGN SI	PUE TO (b) A VITAL STATISTICS (c) SHE CAN CONDITIONS CONTRIBUTE OF CONTRIBUTE	~ nour	lines grew	urenu	Y	FORMED?
BUREAUS OF PART II. OW PR SIGN 20a. AGCIDENT 20c. TIME OF Hour INJURY a.m. p.m.	PUITAL STATISTICS SUIFICANT CONDITIONS CONTRIB Month Day Year	A M MM., DESCRIBE HOW INJURY OCC	lines grew CURRED. (Enter natific of injury in F	Vart I or Part II of Item 18.	· Y	FORMED?
BUREAU: OF SIGN STATE OF SIGN	DUE TO (b) VITAL STATISTICS SHIFICANT CONDITIONS CONTRIB SUICIDE HOMICIDE 20b Month Day Year 20e. PLACE OF INJURY (e.g. street, office building, etc.)	. DESCRIBE HOW INJURY OCC	lines grew	Vart I or Part II of Item 18.	· Y	FORMED? ES NO
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PART II. OF SIGN STATE OF SIGN	DUE TO (b) VITAL STATISTICS SHIFICANT CONDITIONS CONTRIB SUITIDE HOMICIDE 20b Month Day Year 20e. PLACE OF INJURY (e.g. street, office building, etc. strended the deceased from 19.	DESCRIBE HOW INJURY OCC, in or about home, farm, factory,) 1968 Death occurred at (Degree or title)	CURRED. (Enter nay) of injury in P	Part I or Part II of Item 18. N COUNT	Y and last best of my knowledge.	STATE STATE saw the deceased of from the causes state. DATE SIGNED
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PART II. OTHER SIGNATURE OF LANGUAGE AT LA	DUE TO (b) VITAL STATISTICS SHIFICANT CONDITIONS CONTRIB SUITIDE HOMICIDE 20b Month Day Year 20e. PLACE OF INJURY (e.g. street, office building, etc. street) Ittended the deceased from 19.	DESCRIBE HOW INJURY OCC, in or about home, farm, factory,	CURRED. (Enter nature of injury in F	Part I or Part II of Item 18. N COUNT 1 - 8 e stated above, and to the	Y and last best of my knowledge.	STATE STATE saw the deceased of from the causes state. DATE SIGNED
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above cause (a), stating the under- BUREAU: OF PART II. OF PR SIGN 20a. AGCIDENT 20a. AGCIDENT 20c. TIME OF Hour NUT A.m., p.m. 20d. INJURY OCCURRED WORK I NOT WHILE AT WORK 21. Hereby certify that I a on. 22a. SIGNATURE 3a. BURIAL, CREMATION, R Burial 3d. LOCATION (City	DUE TO (b) VITAL STATISTICS SHIFICANT CONDITIONS CONTRIB SUICIDE HOMICIDE 20b Month Day Year 20c. PLACE OF INJURY (e.g. street, office building, etc.) Hemoval (Specify) 23b. D/ 11	in or about home, farm, factory,; Death occurred at [Degree or title] ATE =10-72	CURRED. [Enter natific of injury in F	Part I or Part II of Item 18. N COUNT I - 8 e stated above, and to the CR CREMATORY	Y and last best of my knowledge.	STATE STATE saw the deceased of from the causes state. DATE SIGNED

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