

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1914

1 PLACE OF DEATH
County *Muhlenberg*

Vot. Pot.

Ino. Town *Central City*

City (No. St. Ward)

Registration District No. *1087*

Primary Registration District No. *2435*

File No.

Registered No. *45*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Andy Belle Davenport*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
(Write the word)

6 DATE OF BIRTH *Feb 7 1863*
(Month) (Day) (Year)

7 AGE *64* yrs. *6* mos. ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. *Housewife*
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Ky*

PARENTS
10 NAME OF FATHER *George Divine*
11 BIRTHPLACE OF FATHER (State or country) *Ky*
12 MAIDEN NAME OF MOTHER *Polly Yaste*
13 BIRTHPLACE OF MOTHER (State or country) *Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *W. H. Davenport*
(Address) *Central City, Ky*

15 Filed *8/30 1927* *U. L. Blandford*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Aug 7 1927*
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from *Oct. 1st, 1924*, to *Aug 7th, 1927*, that I last saw him alive on *July 31, 1927*, and that death occurred on the date stated above at *1:10 p.m.* The CAUSE OF DEATH was as follows:

members of the liver
(Duration) yrs. mos. ds.

Contributory (SEC-NDARY) (Duration) yrs. mos. ds.

(Signed) *J. L. McDowell*, M. D.
Aug 8, 1927 (Address) *Central City, Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Fairmount* DATE OF BURIAL *Aug 8, 1927*

20 UNDERTAKER *Arthur Gosely* ADDRESS *Central City, Ky*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.