

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18059

1 PLACE OF DEATH  
County Muhlenberg  
City South Carolina  
Registration District No. 1085  
Primary Registration District No. 2198  
City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

File No. \_\_\_\_\_  
Registered No. 10

2 FULL NAME Daisy Davis  
(a) Residence. No. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE col 5 Single  Married  Widowed  or Divorced   
(Write the word)  
6a If married, widowed, or divorced  
HUSBAND of named  
(or) WIFE of \_\_\_\_\_  
6 DATE OF BIRTH \_\_\_\_\_ 1889  
(Month) (Day) (Year)  
7 AGE 43 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

16 DATE OF DEATH July 4, 1930  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from June 17, 1930, to July 4, 1930, that I last saw her alive on July 3, 1930 and that death occurred on the date stated above at 3306.  
The CAUSE OF DEATH\* was as follows:  
Malarial fever

8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work Home work  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

Contributory (Secondary) Malignant typhoid fever  
(Duration) 2 weeks 1 ds.  
(Duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9 BIRTHPLACE (city or town) (State or country) South Carolina  
10 NAME OF FATHER Carl Ross  
11 BIRTHPLACE OF FATHER (city or town) (State or country) Muhlenberg  
12 MAIDEN NAME OF MOTHER Mary Walker  
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Muhlenberg

15 WHERE WAS DISEASE CONTRACTED  
If not at place of death? at home  
Did an operation precede death? No Date of \_\_\_\_\_  
Was there an autopsy? No  
What test confirmed diagnosis? None  
(Signed) J. R. Barnes, M. D.  
1205 1320 (Address) So Carrollton  
\*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 space.)

14 (Informant) D. M. Davis  
South Carolina (Address)

15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
South Carolina July 6 1930  
16 UNDERTAKER James E. ...

Filed July 5, 1930 at South Carolina  
Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.