

Commonwealth of Kentucky
STATE BOARD OF HEALTH

PLACE OF DEATH

County Muhlenberg BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHVol. Fol. _____ Registration District No. 7126 File No. 11019
Inc. Town Paradise Primary Registration Dist. No. _____ Registered No. 7126
City _____ (No. _____) St. _____ Ward _____

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

FULL NAME Bella Taylor Davis

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE Dark 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH May 12, 1887
(Month) (Day) (Year)7 AGE 25 yrs. 11 mos. 19 ds. If LESS than 1 day... hrs. or... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work... House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Ohio County10 NAME OF FATHER Larret Taylor11 BIRTHPLACE OF FATHER (State or country) Logan Co.12 MAIDEN NAME OF MOTHER Anna Mefford13 BIRTHPLACE OF MOTHER (State or country) Logan Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Reed
(Address) Paradise Ky15 FILED Apr 11, 1912 F. H. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 10, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 1912, to _____, 1912,

that I last saw her alive on Apr 3, 1912, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____, M. D.

_____, 1912 (Address) _____

*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 25 yrs. 11 mos. 19 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 Smith Cemetery DATE OF BURIAL Apr 11, 191220 UNDERTAKER Z. B. House ADDRESS Paradise

WRITE PLAINLY, WITH CAREFULNESS AND INK. Do not scribble on back of certificate. Do not use ink in place of type, or that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Do not use ink in place of type, or that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Do not use ink in place of type, or that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.