

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

PLACE OF DEATH  
County Mt. Vernon  
Vol. Pat. ....  
Inc. Town .....  
City Central City (No. .... St. .... Ward)

Registration District No. 870  
Primary Registration Dist. No. 2435

File No. 29653  
Registered No. 46

FULL NAME Flora Evelyn Davis

(If death occurred in a hospital or institution give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

DATE OF BIRTH Oct 13, 1913  
(Month) (Day) (Year)

AGE 1 yrs. 1 mo. 7 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) McLean

PARENTS  
10 NAME OF FATHER Clarence Davis  
11 BIRTHPLACE OF FATHER (State or country) Ind. Co. Ky  
12 MAIDEN NAME OF MOTHER Callie Ebb's  
13 BIRTHPLACE OF MOTHER (State or country) McLean Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) C. Davis  
(Address) Central City Ky

15 Filed Nov. 12, 1914 A. L. Blandford  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Nov 11, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1914 to Nov 11, 1914, that I last saw h. .... alive on Nov 11 (4:00 a.m.), 1914, and that death occurred, on the date stated above, at 1:40 p.m.

The CAUSE OF DEATH\* was as follows:

Cerebral Hemorrhage  
from internal violence to skull  
(accidental) (Duration) ... yrs. ... mo. 16 ds.

Contributory (SECONDARY) ..... (Duration) ... yrs. ... mo. ... ds.  
(Signed) Clarence Woodburn, M. D.  
....., 191... (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, TRANSCENTS OR RECENT RESIDENTS)  
At place of death ... yrs. ... mo. ... ds. In the State ... yrs. ... mo. ... ds.  
Where was disease contracted, if not at place of death? .....  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Poplar Grove McLean Co. DATE OF BURIAL Nov. 12, 1914

20 UNDERTAKER None ADDRESS .....

WRITE PLAIN WITH WRITING INK—TWO TO A PENNANT SPACED  
M. D.—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.