

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

1 PLACE OF DEATH

County *Muhlenberg*Vol. No. *Brown*

Inc. Town.....

City..... (No. St., Ward)

Registration District No. *27122*Primary Registration District No. *2*File No. *20798*Registered No. *14*

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

2 FULL NAME *Mary Jane Davis*

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 *Oct. 4, 1857*
 (Month) (Day) (Year)
7 AGE *57* yrs. *0* mos. *12* 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) *Muhlenberg Co. Ky.*10 NAME OF FATHER *Thomas Mitchell*11 BIRTHPLACE OF FATHER (State or country) *Tenn.*12 MAIDEN NAME OF MOTHER *Eliza Wood*13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *George Davis*(Address) *Brown Ky.*15 Filed *Oct. 14, 1914* *McGundy* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct. 16, 1914*
 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Sep. 13, 1914*, to *Oct. 16, 1914* that I last saw him alive on *Oct. 11, 1914*, and that death occurred on the date stated above at *1 P.m.* The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs about 1

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *W.B. Threlkeld*, M. D. *Oct. 16, 1914* (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 *Friendship* DATE OF BURIAL *Oct. 17, 1914*20 UNDERTAKER *F. J. Whitner* ADDRESS *Sacramento*

MADE IN KENTUCKY FOR EXPORT

WRITE PLAIN WITH IMPADING INK--THIS IS A PERM. MUST BE RETURNED

U. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Short description of OCCUPATION is very important. See instructions on back of certificate.