

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

1 PLACE OF DEATH

County *Madison*

Vol. No. *13*

Ino. Town *Beersville*

City

2 FULL NAME *Ollie Davis*

Registration District No. *2135*
Primary Registration District No.

File No. *6526*

Registered No. *27*

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

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 *May 14 1903*
(Month) (Day) (Year)

7 AGE *17 yrs. 10 mos.* 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 *B.B. Level*
11 BIRTHPLACE OF FATHER (State or country) *Ky.*
12 MAIDEN NAME OF MOTHER *Dora Davis*
13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Rufus Bandy*
(Address) *Beersville, Ky.*

15 Filed *3-19-21* *W.H. Moore*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 19 1921*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *March 16, 1921*, to *March 19, 1921*, that I last saw her alive on *March 16, 1921* and that death occurred on the date stated above at *58* m. THE CAUSE OF DEATH* was as follows:

Renal-uremic uraemia, of acute nature, probably outside
(Duration).... yrs..... mos. *8* ds.

Contributory (SECONDARY) *Leakage of water*
(Duration).... yrs..... mos..... ds.
(Signed) *LeRoy Welles*, M. D.
March 19, 1921 (Address) *Beersville, Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (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 *Beersville Ky*
20 UNDERTAKER *J.H. Thomas*
DATE OF BURIAL *3/20 1921*
ADDRESS *Beersville*

WRITE PLAINLY, WITH UNFADING INK--THIS IS AN IMPERMANENT 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.

MARGENT RESERVED FOR MEMORANDUM

*200
7-10-20*