FORM V. S. [illegible]

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

1 PLACE OF DEATH

County: Muhlenberg

Vot. Pct.: [illegible]

Inc. Town: ....

City: .... (No. .... St. .... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration District No. 7128

Primary Registration Dist. No. ....

File No. 9092

Registered No. ....

2 FULL NAME: Davis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feby (Month) 18 (Day), 1917 (Year)

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

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

9 BIRTHPLACE (State or country): Muhlenberg Co Ky

PARENTS

10 NAME OF FATHER: Elmer Davis

11 BIRTHPLACE OF FATHER (State or country): Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER: Mert Matherly

13 BIRTHPLACE OF MOTHER (State or country): Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ....

(Address) ....

15

Filed ...., 191 .. M. E. Bewley, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar (Month) 10 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch 6, 1917, to Mch 9, 1917, that I last saw him alive on Mch 9, 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

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

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

(Signed) C. H. Haberer, M. D.

Mch 10, 1917 (Address) Drakesboro 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: Gardners Cemetery

DATE OF BURIAL: 3/10, 1917

20 UNDERTAKER: Dallas Rector

ADDRESS: ....

11—8186