

CERTIFICATE OF DEATH

13826

1 PLACE OF DEATH
 County Jefferson
 Vol. Pat. 18501
 Inc. Town.....
 City.....

Registration District No. 7128
 Primary Registration Dist. No.....

File No.....

Registered No.....

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

2 FULL NAME Thos Travis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(Write the word)

6 DATE OF BIRTH Aug 16 1844
(Month) (Day) (Year)

7 AGE 70 yrs. 8 mo. 3 ds. If LESS than 1 day...hrs. or...min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer).....

9 BIRTHPLACE (State or country) North Carolina

10 NAME OF FATHER William Travis
 11 BIRTHPLACE OF FATHER (State or country) South Carolina
 12 MAIDEN NAME OF MOTHER Nancy Dawson
 13 BIRTHPLACE OF MOTHER (State or country) North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant).....
 (Address).....

15 May 15, 1916 M. E. Bewley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 3, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1916, to May 3, 1916, that I last saw him alive on May 2, 1916, and that death occurred, on the date stated above, at 2:40 P.M.

The CAUSE OF DEATH* was as follows:
Intermittent Nephritis
 (Duration)..... yrs..... mos..... ds.

Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds.
 (Signed) C. H. Haberer, M.D.
W. B., 1916 (Address) Sumner 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 Sumner Ky DATE OF BURIAL 5/4, 1916
 20 UNDERTAKER Wallas Pector ADDRESS Sumner Ky

Every item of information should be carefully checked. AGE should be stated in FULLY. Physicians should state cause of DEATH in plain terms, so that it is important. See instructions on back of certificate.