

Registration District No. 500X Primary Registration District No. 2165

1. PLACE OF DEATH a. COUNTY Fayette			2. USUAL RESIDENCE (Where deceased lived. If institution's residence before admission) a. STATE Kentucky b. COUNTY Bath		
b. CITY (if outside corporate limits, write RURAL and give township) Lexington		c. LENGTH OF STAY (in this place) 11 Days	c. CITY OR TOWN Salt Lick		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Hospital			IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) Thomas J Davis		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) January 10 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 26, 1893	9. AGE (In years last birthday) 65	If Under 1 Year: (Day) (Hour) (Min.) 8 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY Mill		11. BIRTHPLACE (State or foreign country) Kentucky
12. FATHER'S NAME William Davis			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Davis			14. MOTHER'S MAIDEN NAME Fannie Sorrell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mamie Evans			

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Internal injuries to head		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b) Fract. both legs, + Right Arm			
		DUE TO (c) Multiple Cont. + Pac. auto accident			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 8124					

20. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) was walking along Highway # 60 at 1.8 miles from Salt Lick, Ky. stopped in path of auto driven by John W. Jenkins, Ind.		
21b. TIME OF INJURY (Hour) (Min.) 6:35 P.M.	Month, Day, Year 1-4-59	21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21d. PLACE OF INJURY (In or about home, farm, factory, street, office, bridge, etc.) U.S. 260 Salt Lick, Ky.	21e. CITY/TOWN OR LOCATION Salt Lick	COUNTY Bath STATE Ky.
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:45 P.M. , from the causes and on the date stated above.					

23a. DATE SIGNED 1-24-59	23b. ADDRESS 312 N. Lime, Lex., Ky.	23c. SIGNATURE Obert L. Keyser - Crown	(Degree or title)		
24a. BURIAL, CREMATION, RECOVAL (Specify) Burial	24b. DATE Jan. 13, 1959	24c. NAME OF CEMETERY OR CREMATORY Jones Cemetery	24d. LOCATION (City, town, or county) Salt Lick	STATE Kentucky	
25a. DATE REC'D BY 1/28/59	25b. REGISTRAR'S SIGNATURE Flourance Jones	25c. FUNDERAL DIRECTOR Powell & Son,	ADDRESS Salt Lick, Kentucky		