

WRITE PLAINLY
 THE INFORMATION HEREIN IS FOR OFFICIAL USE ONLY
 AND SHOULD NOT BE CIRCLED OR HIGHLIGHTED.
 ACCURACY OF INFORMATION IS VERY IMPORTANT.

FORM F - FEE NO. 2-2912		Community of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County <u>Bath</u>		File No. <u>26243</u>	
Vst. Post. <u>5105</u>	Registration District No. <u>5</u>	Registered No. _____	
Ind. Town _____	Primary Registration District No. <u>5705</u>	(If death occurred in a hospital, state name of hospital and number of bed, and number of ward)	
City _____	(Mo.) <u>10</u>		
FULL NAME <u>Robert D. Davis</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Male</u>	COLOR OR RACE <u>Negro</u>	MARITAL STATUS <u>Single</u>	
DATE OF BIRTH <u>March 31, 1894</u> (Month) <u>Mar.</u> (Year) <u>1894</u>		IF LESS THAN 1 DAY... 1 MO. OR 1 YR. <u>No</u>	
AGE <u>21 yrs. 7 mos. 18 days</u>		IF LESS THAN 1 DAY... 1 MO. OR 1 YR. <u>No</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Painter</u> (b) General nature of industry Business or establishment in which employed (or employee) <u>Painting</u>			
BIRTHPLACE (State or country) <u>Ky</u>			
NAME OF FATHER <u>Born Davis</u>		CONTRIBUTORY CAUSES (List in order of importance) Duration <u>mo. 17 ds.</u> (Signed) <u>L. J. Pottinger</u> , M. D. Nov. 19, 1915 (Address) <u>Kentucky Hospital</u>	
BIRTHPLACE OF FATHER (State or country) <u>Ky</u>		Were the following causes of death due to violent causes such as MURDER, SUICIDE, ACCIDENT, SEIZURE, OR HOMICIDE? At place of death <u>No</u> In the State <u>No</u> Where was disease contracted, if not at place of death? <u>No</u>	
NAME OF MOTHER <u>Mattie Stone</u>		Former or usual residence <u>No</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>		PLACE OF BURIAL OR REMOVAL <u>Bone Cemetery</u> DATE OF BURIAL <u>Nov 20 1915</u>	
UNDERTAKER <u>Prof. Roger Parker, undertaker</u> ADDRESS _____			
INFORMANT <u>W. S. & J. C. Alexander</u> REGISTERED <u>Yes</u>			
12-2912			