

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC's-UPA-TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH
County of Marion St.
Township of Reams
or
City of _____

Standard Certificate of Death
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
2423

Registration District No. 370 3 Registered No. ✓
(No. _____ St.; _____ Ward)
(For use of Local Registrar.)
(If death occurred in a Hospital or institution give its NAME instead of street and number.)

2. FULL NAME Jerry Davis
Residence—
In City _____ Yrs. _____ Mos. _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Rena or DIVORCED (or) WIFE of Davis

6. DATE OF BIRTH (Month, day, and year) 1868

7. AGE
Years 65 Months 4 Days 0 If less than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journalist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Marion St. (State or country)

MOTHER FATHER
13. NAME Jerry Davis Sr.

14. BIRTHPLACE (city or town) Marion St. (State or country)

15. MAIDEN NAME Thannah Davis

16. BIRTHPLACE (city or town) Marion St. (State or country)

17. INFORMANT John Davis (Address) Marion St.

18. BURIAL, CREMATION, OR REMOVAL
Place Marion St. Date Feb. 25, 1933

19. UNDERTAKER J.H. Jackson (Address) Marion St.

20. FILED Marion, 1933 Lena Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Feb 7, 1933

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pneumonia!
Contributory causes of importance not related to principal cause:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
Specify whether injury occurred in industry, in home, or in public place. (Specify city or town, and state)

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) R. B. Stiles M. D.
(Address) Mullen St.