

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4-4-39  
**Standard Certificate of Death**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
7105

1. PLACE OF DEATH  
 County of Marion SC  
 Township of Reems  
 or  
 City of Millersburg SC  
 Home Address Millersburg SC (No. 97) St. ; \_\_\_\_\_ Ward) (If death occurred in a Hospital or institution give its NAME instead of street and number.)  
 Registration District No. 3203 Registered No. 2  
 (For use of Local Registrar)  
 Residence—  
 In City \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days \_\_\_\_\_

2. FULL NAME John Davis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. Single, Married, Widowed, or Divorced (write the word) X

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

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

7. AGE 39 Years Months 2 Days 6 If less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 29  
 11. Total time (years) spent in this occupation 29 years

12. BIRTHPLACE (city or town) (State or Country) Reems SC  
Marion SC

FATHER  
 13. NAME Levy Davis  
 14. BIRTHPLACE (city or town) (State or Country) Marion SC

MOTHER  
 15. MAIDEN NAME Mary Davis  
 16. BIRTHPLACE (city or town) (State or Country) Marion SC

17. INFORMANT (Address) Bill Davis  
Millersburg SC

18. BURIAL, CREMATION, OR REMOVAL  
 Place Reems Date July 16, 1939

19. UNDERTAKER (Address) 2 MITCHELL ST  
MILLERSBURG SC

20. FILED June 6, 1939 Wauquett Teller  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-15-1939

22. I HEREBY CERTIFY That I attended deceased from March 15, 1939 to 4-13-1939  
 I last saw him alive on 4-13-1939 death is said to have occurred on the date stated above, at 3 A.M.

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

mutual registration Date of onset 1938  
90

Was this death due to pregnancy or to childbirth? If so, state which 92-a

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 city or town, and state)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

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

(Signed) M. S. P. [Signature] D.  
 (Address) Millersburg SC