ALABAMA
Center for Health Statistics

For County Use 211

CERTIFICATE OF DEATH
STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

File No. for State Registrar Only. 4416

1 PLACE OF DEATH
County Jefferson Reg. District or Beat No. 37503 Certificate No. 84
Town or City Birmingfield Street or R. F. D. Valley Rd Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2 FULL NAME Lydea Davis
(a) Residence, No. 1470 Valley Rd Street or R. F. D. Ward
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. Color or Race white
5. Single, Married, Widowed, or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wyatt S Davis
6. DATE OF BIRTH (month, day, and year) April 26-18
7. AGE Years 82 Months 9 Days 20 If LESS than 1 day, hrs or min.

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

12. BIRTHPLACE (city or town) (State or country) Cayuga Ala

FATHER
13. NAME Steven Wood
14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER
15. MAIDEN NAME Nellie Kirkendall
16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT (Address) Mrs Sarah Hurton 1470 Valley Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Date 2-16 1934

19. UNDERTAKER (Address) LUQUIRE UNDERTAKING CO., INC.

20 Filed 2/16/ 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 15 — 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1934 to Feb 15 — 1934
I last saw her alive on Feb 15 1934, death is said to have occurred on the date stated above, at 1:45 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Gangrene of great toe	
98 a	

Contributory causes of importance not related to principal cause:
Senility + (or) b

Was an operation performed? no Date of
For what disease or injury? —
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, county, 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? No If so, specify

(Signed) J R Carmichael M. D.
2/16/ 1934 (Address) Tarrant Ala

*State the disease causing death; see letter and for further instructions.

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2004-147-460-0