

DAVIS, ALFONSO 1901

12635

J.S. im

PLACE OF DEATH

(Dist. No. 1111)
To be inserted by Registrar

New York State Department of Health

DIVISION OF VITAL STATISTICS

County

Town

Village

City

STANDARD CERTIFICATE OF DEATH
STATE OF NEW YORKRegistered No. 11(No. 1111)

St.:

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Alphonso Davis

(18a) Residence No.

(Usual place of abode)

Buffalo, N.Y.

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

1 yrs.

mos.

/

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

/

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

COLOR OR RACE

whiteSINGLE, MARRIED, WIDOWED,
OR DIVORCED (Write the word)married

IF MARRIED, WIDOWED OR DIVORCED

HUSBAND OF
OR WIFE OFOlive Davis

DATE OF BIRTH

Feb.4

(Month)

(Day)

1873

(Year)

AGE

Years

44

Months

4

Days

15If LESS than 1
day, how many
hrs. or min.?

OCCUPATION

(a) Trade, profession, or
particular kind of workSteam fitter(b) General nature of industry,
business, or establishment in
which employed (or employer)unknown

(c) Name of employer

BIRTHPLACE (City or Town)

Nashville, Tenn.

(State or Country)

NAME OF FATHER

Grantville Davis

BIRTHPLACE OF FATHER (City or Town)

unknown

(State or Country)

KentuckyMAIDEN NAME
OF MOTHERCarrie DeFoe

BIRTHPLACE OF MOTHER (City or Town)

unknown

(State or Country)

Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Collins St. N.Y.Filed Feb 6

1919

Walter King

REGISTRAR

Burial or
Transit

Permit issued by

Walter King

Date of issue

Feb 7 1919

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb.

(Month)

4

(Day)

1919

(Year)

I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1919, to Feb 4, 1919,that I last saw him alive on Feb 4, 1919,and that death occurred on the date stated above, at P. 1:50 A.M.

The CAUSE OF DEATH* was as follows:

General Paralysis (Tuberc.)(Duration) 2 yrs.

mos.

ds.

CONTRIBUTORY

(secondary)

(Duration)

yrs.

mos.

ds.

18b Where was disease contracted,
if not at place of death?unknownDid an operation precede death? no Date ofWas there an autopsy? yesWhat test confirmed diagnosis? autopsy findings(Signed) Herbert L. Raymond, M. D.Feb 4, 1919. (Address) Collins St. N.Y.*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDALPLACE OF BURIAL, CREMATION OR
REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS