

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41516

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. E. Polgass

Registration District No. 871

Inc. Town..... Primary Registration District No. 7132

City..... (No. St., Ward)

2 FULL NAME Bob Jackson

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Oct 20 1862
(Month) (Day) (Year)

7 AGE 56 yrs. 2 mos. 8 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Farming (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

10 NAME OF FATHER Green Jackson

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky

12 MAIDEN NAME OF MOTHER Alice Guy

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dr. J. G. Slaton (Address) Greenville Ky

15 Filled 1/20 1918 P. B. Slaton REGISTRAR Merck

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 28 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1916, to 1918, and that I last saw him alive on 1918, and that death occurred on the date stated above at 8:30 P.M. The CAUSE OF DEATH* was as follows:

Colloid Carcinoma of bowels and mesentery

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. G. Slaton, M. D. Dec 28, 1918. (Address) Greenville Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Place of Hill 39 DATE OF BURIAL Dec 29 1918

20 UNDERTAKER McDonald & Bell ADDRESS Greenville Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

No. 8.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.