

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

1 PLACE OF DEATH

County *Washington*Vol. *Beulah Census, 118* Registration District No. *272*Inc. Town *H 22*Primary Registration District No. *8421*File No. *11647*Registered No. *11*

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

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

2 FULL NAME *Char. Martin Jackson*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, OR DIVORCED (Write the word) *Single*6 DATE OF BIRTH *Oct 23 1885*  
(Month) (Day) (Year)7 AGE *32* yrs. *6* mos. *4* ds. IF LESS than 1 day... hrs. or... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work. *none*  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Summit, Ky*10 NAME OF FATHER *Walter Jackson*11 BIRTHPLACE OF FATHER (State or country) *Washington Co, 118*12 MOTHER NAME OF MOTHER *Ethel Smith*13 BIRTHPLACE OF MOTHER (State or country) *Washington Co, 118*14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Char. M. Smith*(Address) *Beulah Census, 118*15 Filed *5/9 1918* *J. H. ...* REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Apr 28 1918*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Mar 28*, 1918, to *Apr 28*, 1918, that I last saw him alive on *Apr 28*, 1918, and that death occurred on the date stated above at *1 p.m.* The CAUSE OF DEATH\* was as follows:  
*Intestinal Indigestion*Contributory (SECONDARY) (Duration).... yrs. .... mos. .... ds.  
(Signed) *E. F. ...*, M. D.  
*Apr 28*, 1918. (Address) *Beulah Census, 118*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS 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 *Wright Chapel* DATE OF BURIAL *4-28-1918*20 UNDERTAKER *L. H. ...* ADDRESS *Beulah Census, 118*