

CERTIFICATE OF DEATH

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg
 (b) City or town Greenalls, Ky.
 (c) Name of hospital or institution Muhlenberg Co Hospital
 (If outside city or town limits, write RURAL)
 (If not in hospital or institution write street number or location)
 (d) Length of stay: _____
 (If in hospital or institution write street number or location)
 (If rural give precinct)
 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Small
 (c) City or town Central City, Ky.
 (If outside city or town limits, write RURAL)
 (d) Street No. _____
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A.? _____ year

3(a) FULL NAME

Estill Jackson

3(b) If veteran, Name war

3(c) Social Security No.

Name war

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced Single

6(b) Name of husband or wife

6(c) Age of husband or wife if alive

7. Birth date of deceased Aug 23 1915
 (Month) (Day) (Year)

8. AGE: 31 Years

Months

Days

If less than one day
hr. min.

9. Birthplace

Muhlenberg County Ky

10. Usual occupation

11. Industry or business

FATHER

12. Name John W. Jackson13. Birthplace Ohio Co Ky

MOTHER

14. Maiden name Rosie Ann Johnson15. Birthplace Foggy Co Ky

16(a) Informant's own signature

Estill Jackson

(b) Address

Central City, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Date Sept 20, 1946

18(a) Signature of funeral director

Frank Farmer

(b) Address

Central City, Ky.

19(a) 10-11-1946

Anna L. Blandford

(Date received by local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 28 194621. I hereby certify that I attended the deceased from 9-28 1946to 9-28-46 1946, that I last saw him alive or9-28-46 1946, and that death occurred on the datestated above at 6:10 P M.

Immediate cause of death

Intera abdominal & chestinjuryDue to Crushing injurysustained in a coal mineaccidentOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations 114Of autopsy Multiple lacerations & small hemorrhagesin chest - crushing injury to chest

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) mine accident(b) Date of occurrence 9-28-46(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? Coal mine
(Specify type of place)While at work? (e) Means of injury Shuttle car23. Signature J. L. Simpson
(M. D. or other)
Address Greenalls Ky Date signed 10-8-46

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH NON-FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. NAME 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.