

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

1 PLACE OF DEATH
 County Martin
 Vet. Pot. Hillside Registration District No. 1136
 Inc. Town..... Primary Registration District No.
 City..... (No.) St., Ward) [If death occurred in a hospital, write the name of the hospital and number.]
 2 FULL NAME Mrs. Gerie Jackson

File No.

Registered No. 4

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH November 8, 1899
 (Month) (Day) (Year)

7 AGE 38 yrs. 6 mos. 51 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Hopkins Co. Ky.

10 NAME OF FATHER Benjamin Bush

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

12 MAIDEN NAME OF MOTHER Delia Garrison

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. G. Gish
Madisonville, Ky.
 (Address)

15 Filed....., 1918
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 29, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 4, 1918 to May 29, 1918, that I last saw her alive on May 27, 1918, and that death occurred on the date stated above at 6² m. The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 1 yrs. mos. ds.

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

(Signed) J. M. Ferguson, M. D.
May 29, 1918 (Address) Orland, Ky.

*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, TRANSIENTS OR RECENT RESIDENTS)

At place of death.... yrs. mos. ds. In the State.... yrs. mos. ds.
 Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL, 1918

20 UNDERTAKER ADDRESS