

## CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 7471

## 1. PLACE OF DEATH:

- (a) County Muhlenberg
- (b) City or town Rural  
(If outside city or town limits, write RURAL)
- (c) Name of hospital or institution:
- (If not in hospital or institution write street number or location)
- (d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Kentucky (b) County Muhlenberg
- (c) City or town Rural  
(If outside city or town limits, write RURAL)
- (d) Street No. Greenville Ky.  
(If rural give precinct)
- (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

3(a) FULL NAME James P. Jackson

## 3(b) If veteran, Name war \_\_\_\_\_

## 3(c) Social Security No. \_\_\_\_\_

4. Sex M5. Color or race W

6(a) Single, widowed, married, divorced \_\_\_\_\_

## 6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife live \_\_\_\_\_ Years7. Birth date of deceased June 23 - 1864  
(Month) (Day) (Year)8. AGE: Years 79 Months 10 Days 24  
If less than one day hr. \_\_\_\_\_ min.9. Birthplace ky

## 10. Usual occupation \_\_\_\_\_

## 11. Industry or business \_\_\_\_\_

FATHER

12. Name Green Jackson

13. Birthplace \_\_\_\_\_

MOTHER

14. Maiden name Alice Gray

15. Birthplace \_\_\_\_\_

16(a) Informant's own signature John P. Jackson(b) Address Greenville Ky. R. 70

## 17. BURIAL, CREMATION, OR REMOVAL

Place Friendship \_\_\_\_\_ 19 4418(a) Signature of funeral director Green Hill Funeral Home(b) Address Greenville, Ky.19(a) 4/30/44 (Date received by local registrar)(b) Paul Paul (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 19 44

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_

to \_\_\_\_\_ 19 \_\_\_\_\_, that I last saw him alive on

Apr 19 19 44 and that death occurred on the datestated above at 5:10 P.M.

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Due to apoplexy

\_\_\_\_\_

\_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

## Major findings:

Of operations 83A

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? in or about home, on farm, in industrial place, in public

place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature L. P. Moore (M. D. or other)Address Greenville Ky. Date signed Apr 30. 44

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE 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.

ORIGINAL RECEIVED FOR BINDING