

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

PLACE OF DEATH

County Madison

Vol. Pat. Hillside 76

Inc. Town

City, (No., St., Ward)

File No. 26821

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Jessie May Jackson

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If write the word) Single

6 DATE OF BIRTH Aug 20 1894
 (Month) (Day) (Year)

7 AGE 1 mos. 25 ds. If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Madison

10 NAME OF FATHER Francis Jackson

11 BIRTHPLACE OF FATHER (State or country) Madison

12 MAIDEN NAME OF MOTHER Stacy Smith

13 BIRTHPLACE OF MOTHER (State or country) Madison

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Scott
 (Address) Danvers 76

15 Filed, 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Oct 19 1914
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1914, to Oct 19, 1914, that I last saw her alive on Oct 9, 1914, and that death occurred, on the date stated above, at 12:30 pm.

The CAUSE OF DEATH* was as follows:
Enteritis
 (Duration) ... yrs. ... mos. ... ds.

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

(Signed) J. M. Ferguson, M. D.
Oct 19, 1914 (Address) Madison City 76

*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, 191...

20 UNDERTAKER ADDRESS

U. S. - 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. See instructions on back of certificate.