

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 51 23341
REGISTRAR'S NO. 235

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhl.</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Greenville</u>		c. LENGTH OF STAY (In this place) <u>01</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Central City</u>		d. STREET ADDRESS (If rural, give location) <u>W 2nd St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Muhl. Co. Hospital</u>					
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Jackson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 6, 1889</u>	9. AGE (In years last birthday) <u>62</u>	If Under 1 Year If Under 24 Hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (State or foreign country) <u>Ohio Co Ky.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Felix Jackson</u>			14. MOTHER'S MAIDEN NAME <u>Rachel Grayson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Lew Jackson</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Vascular Collapse (Shock)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Acute Congestive Failure (At. Sicut)</u> <u>6 days</u>	
	DUE TO (c) <u>Chronic Bronchial Catarrh</u>			<u>5 yrs.</u>	
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Pulmonary Fibrosis</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>241X-066-28</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Oct. 1, 1951</u> to <u>10-29, 1951</u> , that I last saw the deceased alive on <u>10-28, 1951</u> , and that death occurred at <u>5:50 P.M.</u> from the causes and on the date stated above.					
23a. DATE SIGNED <u>11-2-51</u>		23b. ADDRESS <u>Central City, Ky.</u>		23c. SIGNATURE (Degree or title) <u>R. H. ...</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-31-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Central City, Ky.</u>		
25a. DATE REC'D BY LOCAL REG. <u>11-5-51</u>	25b. REGISTRAR'S SIGNATURE <u>Maryrie Hodge</u>		25c. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson Funeral Home</u> <u>Central City, Ky.</u>		