FORM V S 1-3000M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 5214

Registered No. 14

(If death occurred in a hospital or institution, give its name instead of street and number.)

1 PLACE OF DEATH
County Muhlenberg
Ward Powderly
Reg. Pct. ... Registration District No. 21 8F
Inc. Town ... Primary Registration District No. ...
City ... (No. ... St., ... Ward)

2 FULL NAME Mildred Jackson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single
6 DATE OF BIRTH: January 15, 1915 (Month) (Day) (Year)
7 AGE: 2 yrs. 3 mos. 16 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): Muhlenberg Co Ky

PARENTS
10 NAME OF FATHER: Arthur Jackson
11 BIRTHPLACE OF FATHER (State or country): Hopkins Co. Ky
12 MAIDEN NAME OF MOTHER: Gertie Cooper
13 BIRTHPLACE OF MOTHER (State or country): White Co. Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. C. Steele
(Address) Powderly Ky

15 Filed Sept 4, 1917 Mrs C A Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 4, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1917, to Sept 3, 1917, that I last saw h[illegible] alive on Sept 3, 1917, and that death occurred on the date stated above at 4 A m. The CAUSE OF DEATH* was as follows:

Colitis

(Duration) ... yrs. 2 mos. 7 ds.
Contributory (Secondary): Hookworm
(Duration) ... yrs. ... mos. 3 0 ds.
(Signed) C B Lampkins M. D.
Aug. 4, 1917 (Address) Greenville 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: Ebenezer C. G.
DATE OF BURIAL: Sept. 4, 1917
20 UNDERTAKER: McDonald & Dulworth
ADDRESS: Greenville Ky

U. S.—State Board of Health Bureau of Vital Statistics CERTIFICATE OF DEATH

WHERE FAMILY WITH SMALLPOX LIVE—THIS IS A PERMANENT NOTICE

DEATHS MUST BE REPORTED TO LOCAL REGISTRAR WITHIN 24 HOURS AFTER DEATH OCCURS

Under Penalty of Law, Burial Permit Must Not Be Issued Until Certificate Is Filled Out and Signed by Physician, Coroner or Person Acting as Coroner