

Commonwealth of Kentucky
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

9085

 PLACE OF DEATH
 Middlesboro
 County
 Vol. Pat. 85
 No. 2437
 City

 Registration District No. 872
 Primary Registration District No. 2437

File No.

Registered No. 9

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

(No. St., Ward)

FULL NAME *H. L. Jackson*

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	COLOR OR RACE <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widowed</i> (Write the word)
DATE OF BIRTH <i>July 19, 1873</i> (Month) (Day) (Year)		
AGE <i>23 yrs. 2 mos. 2 ds.</i> IF LESS THAN 1 day ... hrs. or ... min.?		
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)		

PARENTS	BIRTHPLACE (State or county) <i>Logan County</i>
	10 NAME OF FATHER <i>Page Jackson</i>
	11 BIRTHPLACE OF FATHER (State or country) <i>Logan County</i>
	12 MAIDEN NAME OF MOTHER <i>Neuman</i>
	13 BIRTHPLACE OF MOTHER (State or country) <i>Middlesboro</i>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) *James Jackson*
 (Address) *Middlesboro Ky*
Filed *3/20, 1917* *J. H. Kimmel*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <i>March 18, 1917</i> (Month) (Day) (Year)
17 I HEREBY CERTIFY That I attended deceased from <i>March 16, 1917</i> , to <i>March 18, 1917</i> , that I last saw him alive on <i>March 18, 1917</i> , and that death occurred on the date stated above at <i>8 P.M.</i> THE CAUSE OF DEATH* was as follows: <i>Taken in labor March 16, 4 P.M. with convulsions until March 18 4 o'clock P.M.</i> (Duration) ... yrs. ... mos. ... ds.

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

 (Signed) *J. D. Leonard*, M. D.
March 17, 1917 (Address) *Middlesboro 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. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL <i>Evergreen yard</i>	DATE OF BURIAL <i>March 19, 1917</i>
20 UNDERTAKER <i>W. H. Bridges</i>	ADDRESS <i>Frank Ky</i>