

STANDARD CERTIFICATE OF DEATH

51

I. PLACE OF DEATH

County Beaufort Registration District No. 07-70 Certificate No. 96
 Township _____ or Village _____ or
 City Washington No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

DE Jackson (David Eugene)
 (a) Residence: No. n Market St St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) married
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs OE Jackson

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 55 Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ min.

8. Trade profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Machanic
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Beaufort County
 (State or county)

13. NAME Thomas Jackson

14. BIRTHPLACE (city or town) Beaufort County
 (State or county)

15. MAIDEN NAME Polly Ann Taylor

16. BIRTHPLACE (city or town) Beaufort County
 (State or country)

17. INFORMANT Mr D E Jackson
 (Address) n. Market St

18. BURIAL CREMATION, OR REMOVAL Place not set Date June 23 1935

19. UNDERTAKER Chas Furniture Co
 (Address) Washington N.C.

20. FILED June 24 1935 REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 22 1935

22. I HEREBY CERTIFY, That I attended deceased from June 22 1935 to June 22 1935
 I last saw him alive on May 20 1935 death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cardiac Failure
from exhaustion
and overexertion Date of onset June 22/35

Contributory causes of importance not related to principal cause:

Name of operation none date of _____
 What test confirmed diagnosis? exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? NO Date of injury _____ 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify John C Taylor M. D.
 (Signed) Washington - N.C. (Address)

MARGIN RESERVED FOR BINDING

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. See instructions on back of certificate.