

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification is to be completed by local Health Officer (or Coroner, if inquest was held).

Birth No. 122.....

DEC 8 1950

REGISTRATION DISTRICT NO. 4570

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25782

25017

1. PLACE OF DEATH a. COUNTY Henderson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE North Carolina b. COUNTY Henderson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hendersonville		c. LENGTH OF STAY (in this place) 5-10 mins.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 241 N. Main St-Brunswick Lunch		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hendersonville	
3. NAME OF DECEASED (Type or Print) a. (First) FLOYD		b. (Middle) A.	
c. (Last) JACKSON, JR.		4. DATE OF DEATH (Month) (Day) (Year) Nov 26, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH (Month) (Day) (Year) May 22, 1919
9. AGE (In years last birthday) 31		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Fireman	
10b. KIND OF BUSINESS OR INDUSTRY City of Hendersonville		11. BIRTHPLACE (State or foreign country) Hendersonville, N. C.	
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Floyd A. Jackson	
14. MOTHER'S MAIDEN NAME Ada Anders		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS Mrs. F. A. Jackson, Jr. 1017 Patton St. H7ville, NC	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) due to a broken neck		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
*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) while fighting fire	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 9/6/6		19b. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, fact., street, open bldg., etc.) Office		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hendersonville NC	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6:45 am Nov 26, 1950		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fell through partial board floor Post later fell on his neck		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) P. B. Bookshier, Deputy Coroner		23b. ADDRESS Hendersonville	
23c. DATE SIGNED Nov 27, 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12-3-1950		24c. NAME OF CEMETERY OR CREMATORY Oak Dale	
24d. LOCATION (City, town, or county) (State) Hendersonville, N. C.		25. FUNERAL DIRECTOR Shepherd's Funeral Home, Hendersonville, N.C.	
DATE REC'D BY LOCAL REG. 11-28-50		REGISTRAR'S SIGNATURE J. F. Brooks Sr.	

THIS COPY FOR STATE BOARD OF HEALTH

Copy to file 9/6/6