

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

96

1 PLACE OF DEATH

Registration District No. 7-2032

County Beaufort State North Carolina Register No. 63

Township _____ or Village _____ of _____

City Washington No. 501 Palm Street St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME

Danny Jackson Jackson
(a) Residence, No. 501 Palm Street St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced Married

5a If married, widowed, or divorced
Husband of Clara F. Jackson
(or) Wife of _____

6 Date of Birth 6-25-1884
(month, day, and year)

7 Age years Months Days If LESS than 1 day, hrs. or min.
45 10 18

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) City of Wash-
(c) Name of employer Fire Dept.

9 Birthplace (city or town) _____
(State or country) N. C. Beaufort County

10 Name of Father Ed Jackson
11 Birthplace of Father (city or town) _____
(State or country) N. C. Beaufort County
12 Maiden Name of Mother Mary J. Robinson
13 Birthplace of Mother (city or town) _____
(State or country) N. C. Beaufort County

14 Informant T. H. Endrey
(Address) Washington, N. C.

15 Filed 5-14-30 J. R. Machine
Wright REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) 5-13-1930

17 I HEREBY CERTIFY, That I attended deceased from 5/13, 1930, to 5/13, 1930
that I last saw him alive on 5/13, 1930
and that death occurred, on the date stated above, at 4 p.m.,
The CAUSE OF DEATH* was as follows:
Coronary Arteriosclerosis,
Aneurysm Aorta

(duration) yrs. mos. ds. 8 hours

Contributory (SECONDARY) (None)
(duration) yrs. mos. ds.

18 Where was disease contracted _____
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy?
What test confirmed diagnosis? Autopsy
(Signed) C. J. Brown M. D.
5/14, 1930. (Address) Washington NC

*State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal Oak Dale Date of Burial 5/14/30

20 Undertaker City Furniture Company, Wash-N.C. Address Wash-N.C.
F. V. Powell

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.