

Jackson, Whisky (?)

D. V. S.—Form 2
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.

1. PLACE OF DEATH (Dist. No. 1012) Series No. 26
(TO BE INSERTED BY LOCAL REGISTRAR) Division of Vital Statistics

County Layette
District Falls
Town or City Gurley Bridge No. _____ St. _____ Ward _____
(IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

West Virginia State Department of Health
CERTIFICATE OF DEATH
8775
(FOR STATE REG. USE ONLY)

2. FULL NAME Whiskey Jackson
(a) Residence. No. _____ St. _____ Ward _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. A., if of foreign birth: yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Black 5. Single, Married, Widowed, or Divorced Single

6a. IF MARRIED, WIDOWED, OR DIVORCED
Husband of _____
(or) Wife of _____

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

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

8. TRADE, PROFESSION, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker

9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc.

10. DATE DECEASED LAST WORKED at this occupation (month and year) 1932, July 9

11. TOTAL TIME (years) spent in this occupation 173

12. BIRTHPLACE (city or town) (State or Country) Windsor, S. C.

13. NAME Henry Jackson

14. BIRTHPLACE (City or Town) (State or Country)

15. MAIDEN NAME Vivian Jackson

16. BIRTHPLACE (City or Town) (State or Country)

17. INFORMANT (Address) John Jackson

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____, 19____

19. UNDERTAKER (Address) H. C. White

20. FILED _____, 19____
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18 1932

22. I HEREBY CERTIFY That I attended deceased from Death not
See him always I last saw alive
on _____, 19____, death is said to have occurred on the date stated

above, at _____
The principal cause of death and related causes of importance in order of causality were as follows:

Killed by Gun Shot
would. Dying
Side abdomen

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? no

Was there an autopsy? no

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury July 18 1932

Where did injury occur? Hawks Nest
(Specify City or Town, County, and State)

Check whether injury occurred in industry _____ home _____ public place _____

Manner of injury killed by shot gun

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no, or specify _____

(Signed) J. Mitchell M. D.
(Address) Gurley Bridge