FORM NO. 12

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID)—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

CERTIFICATE OF DEATH

COMMONWEALTH OF VIRGINIA

BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

6208

1 PLACE OF DEATH
County of Washington
Magisterial District of Abingdon
or Inc. Town of Abingdon [illegible]
or City of Town

Registration District No. 950 A (To be inserted by registrar)
Registered No. 25/26 (For use of local registrar)

(No. ________ St.; ________ Ward)
(If death occurred in a hospital or other institution, give its NAME instead of street and number)

2 FULL NAME John K. Jackson

(a) Residence. No. Abingdon Va St. Robert Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 7 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 (write the word): widowed

5a If Married, Widowed, or Divorced Husband of (or) Wife of: Husband

6 DATE OF BIRTH (month, day, and year, write name of month): January 26, 1835

7 AGE: Years 88, Months 1, Days 1. If less than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) North Carlina
(State or country)

PARENTS

10 NAME OF FATHER: John E. Jackson
11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)
12 MAIDEN NAME OF MOTHER: Bashaby Bean
13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 INFORMANT G. B. Moore
(Address) Abingdon Va

15 FILED March 1, 1923 L. G. Keller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year, write name of month) ~~January 27~~ February 27 1923

17 I HEREBY CERTIFY, That I attended deceased from ~~January~~ February 23 1923, to ~~January~~ February 27 1923

That I last saw him alive on January 27 1923

And that death occurred, on date stated above, at 11:30 a.M.

The CAUSE OF DEATH* was as follows:
Lobar pneumonia -
101 A

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY (Secondary) chronic nephritis
(duration) unknown yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) F. B. Nettles Jr. M. D.
Mch 1, 1923 (Address) Abingdon, Va

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Sinking Spring Cem.
DATE OF BURIAL: Feb 28 1923

20 UNDERTAKER: [illegible]
ADDRESS: Abingdon Va