

COMMONWEALTH OF VIRGINIA
STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 8110 File No. 22110

Primary Registration District No. 8110 Registered No. 27

City of Ward St. Ward [If death occurred in a Hospital or Institution give its NAME, instead of street and number.]

Residence In City Ward Yrs. 27 Mos. 10 Days 8

2. FULL NAME Moses, J. Jackson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. Married (Write the word)

6 DATE OF BIRTH Nov 8 (Month) 1839 (Year)

7 AGE 75 yrs. 10 mos. 1 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

9 BIRTHPLACE (State or Country) Wythe Co., Va.

10 NAME OF FATHER John E. Jackson

11 BIRTHPLACE OF FATHER (State or Country) W. Va.

12 MAIDEN NAME OF MOTHER Barshaba, Bean

13 BIRTHPLACE OF MOTHER (State or Country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. W. Neal

(Address) Doehllhorne, Va.

15 Filed Sept 10, 1915 LOCAL REGISTRAR Le W. Neal

16 DATE OF DEATH Sept 9 (Month) 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May, 1915, to Aug 30, 1915, that I last saw him alive on Aug 30, 1915, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH * was as follows: Chronic Bright's Disease

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Geo. A. Mink M. D. (Address) Chesham, Va., 191

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or recent Residents) At place of death ___ yrs. ___ mos. ___ ds. State ___ yrs. ___ mos. ___ ds. Where was disease contracted, if not at place of death? Former or usual Residence

19 PLACE OF BURIAL OR REMOVAL, Middle Fork, Va. DATE OF BURIAL Sept 10, 1915

20 UNDERTAKER J. Ammons ADDRESS Doehllhorne, Va.

N. B. - 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.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD.