

1904729
PLACE OF DEATH

Samuel Jackson

County

Washington

State Board of Health File No.

35

Township

STATE OF UTAH—DEATH CERTIFICATE

or
Villageor
City

St. George

(No. _____)

St; _____

Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME

Samuel Jackson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

married

6 DATE OF DEATH

May 3, 1919
(Month) (Day) (Year)

6 DATE OF BIRTH

July 13, 1844
(Month) (Day) (Year)

7 AGE

74 yrs. 9 mos. 20 ds. IF LESS than 1 day, hrs. min. P.

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1919, to May 3, 1919, that I last saw him alive on May 3, 1919, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

Farmer

9 BIRTHPLACE

(State or country)

England

Contributory (secondary)

none

(Duration) — yrs. 7 mos. — ds.

PARENTS

10 NAME OF FATHER

Benjamin Jackson

11 BIRTHPLACE OF FATHER (State or country)

Eng.

12 MAIDEN NAME OF MOTHER

Anna Ginn

13 BIRTHPLACE OF MOTHER (State or country)

Eng.

(Duration) — yrs. — mos. — ds.

(Signed)

F. J. G. [Signature], M. D.

May 5, 1919 (Address) St. George

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. J. Jackson

(Address)

Manassa, Col.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. 2 mos. — ds. In the State — yrs. 2 mos. — ds.

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

Manassa, Col.

Former or usual residence

Manassa, Col.

15

Filed

May 5, 1919

REGISTRAR

19 PLACE OF BURIAL OR REMOVAL

Manassa, Col.

DATE OF BURIAL

1919

REGISTERED NUMBER

NO. OF BURIAL PERMIT

20 UNDERTAKER

W. Pickett

ADDRESS

St. George

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

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.