

STATE OF COLORADO

STATE OF COLORADO
Bureau of Vital Statistics
Certificate of Death

7579

1 PLACE OF DEATH

County Alamosa File No. _____
Town Alamosa Registration District No. 38 Registered No. _____
or City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number.)

2 FULL NAME

Mary B Jackson
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
(b) Length of residence in city or town where death occurred 40 yrs. M. Y. See leg. in U. S. if of foreign birth? Y. N. M. Y.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married
6 If married, widowed or divorced, name of husband or wife (or) WIFE of Wm Jackson
7 DATE OF BIRTH (month, day and year) April 9 1885
7 AGE Years Months Days IF LESS THAN 1 day, hrs. or min. 45 3 27
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Riverton
(State or country) Utah
10 NAME OF FATHER Timothy Wilket
11 BIRTHPLACE OF FATHER Wiltshire
(City or town) England
(State or country)
12 MAIDEN NAME OF MOTHER Johanna Darty
13 BIRTHPLACE OF MOTHER Belgian
(City or town) Denmark
(State or country)

14 Informant Wm Jackson
(Address) Millerside Colo
15 Filed 9/20 by Gen Miral Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 6 1930
17 I HEREBY CERTIFY, that I attended deceased from August 5 1930 to Aug 6 1930 that I last saw him alive on Aug 6 1930 and that death occurred, on the date stated above, at 5:15 PM
The CAUSE OF DEATH* was as follows:
Intestinal perforation from
chronic infection of
hepatic junction
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.
18 Where was disease contracted
If not at place of death? Manassa Colo
Did an operation precede death? Yes Date of Aug 1 1930
Was there an autopsy? Yes
What test confirmed diagnosis? Cultural & Surgery
(Signed) Arthur J. Morgan M. D.
(Address) Alamosa Colo
*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. (See reverse side for additional space.)
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Manassa Colo DATE OF BURIAL Aug 8 1930
20 UNDERTAKER E. H. Hayes's Manassa Colo

OCCUPATION IS IMPORTANT - SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED MAR 12 1999

Carol J. Garrett
CAROL J. GARRETT, PH.D.
STATE REGISTRAR

SL
00991401

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE