

1 PLACE OF DEATH 2801105

County Jual
Precinct _____
or _____
Village _____
or _____
City Nephi No. 206E 4th north St., north Ward

STATE OF UTAH-DEATH CERTIFICATE

Nephi Jackson

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

2 FULL NAME Nephi Jackson

(a) Residence. No. 206 E 4th north St., (If NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? X yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

5a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Mary A. Ockey Jackson

6 DATE OF BIRTH Jan 66, 1852
(Month) (Day) (Year)

7 AGE 76 6 27
81 yrs. 4 mos. 7 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (City or town) England
(State or Country)

10 NAME OF FATHER Benjamin Jackson

11 BIRTHPLACE OF FATHER Manchester, England
(State or Country)

12 MAIDEN NAME OF MOTHER Ann Grunshaw

13 BIRTHPLACE OF MOTHER Manchester, England
(State or Country)

14 Informant Leon Jackson
Address Nephi, Utah

15 Filed Aug 19 1928 Miss Kate Worley
Registrar

Registered Number 26 No. of Burial or Removal Permit 26

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 13, 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to Aug 13, 1928, that I last saw him alive on Aug 13, 1928

and that death occurred, on the date stated above, at 9 P.M.
The CAUSE DEATH* was as follows:
Chronic Interstitial Nephritis

(Duration) ____ yrs. ____ mos. X ds.

Contributory (Secondary) _____
(Duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? dent home
Did an operation precede death? no Date of _____

Was there an autopsy? no
What test confirmed diagnosis? Physico Chem

(Signed) J. Stewart Alford, M. D.
Aug 17, 1928 (Address) Nephi, Utah

*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 Nephi, Utah DATE OF BURIAL Aug 15, 1928

20 UNDERTAKER John R. Davison ADDRESS Nephi, Utah

N. B.-WRITE PLAINLY WITH UNFADEING 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.