

79

4592

CERTIFICATE OF DEATH.

1. Full name of deceased *Elizabeth Jackson*
(Do not fail to give Full Name)
2. Date of death: Month *Jan*; day *27*; 19*12*; Hour: *3* P. M.
3. Place of death (county) *Bulloch*; beat *8*
4. City or town _____; ward _____; street and No. _____
5. Place of birth of deceased (state or country) *Ala*
6. White or colored? *Colored* Male or female? *female* Occupation *farm labour*
7. How long did deceased reside at place of death? *all life*
8. Where was disease contracted? *At Home* Duration of illness *two yrs*
9. Principal disease causing death *Pulmonary Tuberculosis*
10. Contributory disease causing death _____
11. If homicidal, suicidal, or accidental, state definitely how accomplished _____
12. Did deceased undergo a surgical operation, and if so when and of what nature? _____
13. Age: Years *34*; months _____; days _____; single, married or widowed? *single*
14. Full name of father of deceased *Wm. Jackson*
15. Birthplace of father (state or country) *Ala*
16. Full name of mother of deceased *Elizabeth Jackson*
17. Birthplace of mother (state or country) *Ala*
18. Place of interment *Hughes*

Remarks: _____

Reporter *J. H. ...*

Date of Report *Jan 1 1912* Post Office *Westpatrick*