

(Before making certificate read "Suggestions" on the reverse side of this form.)

CERTIFICATE OF DEATH.

1. Full name of deceased Wills Jackson (reported) to me.
(Do not fail to give Full Name)
2. Date of death: Month July; day 20; 1946; Hour 7:30 A. M. P. M.
3. Place of death (county) Republia; P. O. Poling
4. City or town Poling; street and No. _____
5. Place of birth of deceased (state or country) Not known
6. White or colored? Col Male or female? male Occupation Not known
7. How long did deceased reside at place of death? one hour and thirty minutes
8. Where was disease contracted? No disease Duration of illness Not known
9. Principal disease causing death injury, killing by moving train
10. Contributory disease causing death (none) cerebral hemorrhage
11. If homicidal, suicidal, or accidental, state definitely how accomplished. Checked by moving train & with company on L.A. RR. Injured to them.
12. Did deceased undergo a surgical operation, and if so when and of what nature? No operation of right arm when train moving cerebral hemorrhage
13. Age: Years 46; Months 10; Days 20; single, married or widowed OK
14. Full name of father of deceased D.K.
15. Birthplace of father (state or country) D.K.
16. Full name of mother of deceased OK
17. Birthplace of mother (state or country) OK
18. Place of interment Poling Poling Cemetery
19. Remarks: Identity of the man who was fully retained
- Date of Report Aug 5th 1946 Reporter D.H. McCoy Post Office Poling Ok

CERTIFICATE OF DEATH

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

File No. for State Registrar Only

4680

The County Use

2700

6

1 PLACE OF DEATH

County Escambia
Town or City Atnore

Reg. District or Best No. 27-0007A Certificate No. 14

Street or R. F. D. # 2 Ward _____

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

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

2 FULL NAME Willie Jackson

(a) Residence, No. Atnore State Prison Street or R. F. D. # 2 Ward _____
(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of AK

7. DATE OF BIRTH (month, day, and year)

8. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min. 29

9. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Convict

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Prison Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Prison Farm Cem Date 3-1-1933

19. UNDERTAKER (Address)

20. Filed 3/2 1933 D. J. Baggett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/1 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 th 1933 to March 1 1933

I last saw him alive on March 1 1933, death is said

to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Gastritis

Time of onset 2/3/33

Contributory causes of importance not related to principal cause:

Was an operation performed? No Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1933

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) J. M. White M. D.
March 1 1933 (Address) Atnore, Ala.