

Registration Dist. No. 2209-B

STANDARD CERTIFICATE OF DEATH

Division of Vital Statistics - State Board of Health

Registrar's No. 109

State File No. 51 016424

Birth No. _____

State of South Carolina

1. PLACE OF DEATH: (a) County <u>Greenville</u> (b) City or town (If outside corporate limits, write RURAL and give township) <u>Rural Greenville</u> (c) Length of Stay: (In this place) _____ (d) Full name of hospital or institution: (If not in hospital or institution, give street address or location) <u>119 E. Wilburn Ave.</u>		2. USUAL RESIDENCE: (Where deceased lived. If institution, residence before admission) (a) State. <u>S. C.</u> (b) County. <u>Greenville</u> (c) City or town (If outside corporate limits, write RURAL and give township) <u>Rural Greenville</u> (d) Street address (If rural, give location) <u>Same</u>	
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3. NAME OF DECEASED: (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>W.</u> c. (Last) <u>Jackson</u>			4. Date of death: (Month) (Day) (Year) <u>Dec. 5, 1951</u>	
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5. Sex: <u>male</u>	6. Color or race: <u>white</u>	7. Married, never married, widowed, divorced: (Specify) <u>married</u>	8. Date of birth: <u>July 16, 1889</u>	9. Age: (In years last birthday) <u>62</u>	If under 1 year: Months _____ Days _____	If under 24 hrs.: Hours _____ Min. _____
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10a. Usual occupation: (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. Kind of business or industry: <u>Liquor Store</u>	11. Birthplace: (State or foreign country) <u>Greenville Co. S. C.</u>	12. Citizen of what country? <u>USA</u>
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13a. Father's name: <u>Elmore Jackson</u>	13b. Mother's maiden name: <u>Martha Ann Jenkinson</u>	14. Husband or wife's name: <u>Katie Wynn</u>
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15. Was deceased ever in U. S. armed forces? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. Social Security No. <u>No.</u>	17. Informant: <u>Mrs. Katie W. Jackson</u>
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18. Cause of Death: Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. Disease or condition directly leading to death* (a) <u>Coronary thrombosis</u> Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last Due to (b) <u>Arteriosclerosis</u> Due to (c) <u>Cirrhosis of liver</u> II. Other significant conditions: Conditions contributing to the death but not related to the disease or condition causing death	INTERVAL BETWEEN ONSET AND DEATH <u>45 min</u> <u>5 8/10</u> <u>1 year</u> <u>2 years</u>
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19a. Date of operation: _____	19b. Major findings of operation: _____	20. Autopsy? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. Accident (Specify) _____ Suicide _____ Homicide _____	21b. Place of injury: (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (City, Town, or Township) _____	(County) _____	(State) _____
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21d. Time (Month) (Day) (Year) (Hour) of injury: _____	21e. Injury occurred: While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. How did injury occur? _____
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22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 5, 1951, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. Signature: <u>Thomas M. McAfee M.D.</u> (Degree or title)	23b. Address: <u>Greenville, S.C.</u>	23c. Date signed: <u>7-1-51</u>
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24a. Burial, cremation, removal: (Specify) <u>burial</u>	24b. Date: <u>12/9/51</u>	24c. Name of cemetery or crematory: <u>Woodlawn Mem. Park</u>	24d. Location: (City, town, or county) (State) <u>Greenville, S. C.</u>
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Date rec'd by local registrar: <u>1-9-52</u>	Registrar's signature: <u>Thomas M. McAfee M.D.</u>	25. Funeral director: <u>Thomas McAfee</u> Address: <u>Greenville, S. C.</u>
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MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY, WITH UNFADING 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.