FORM NO. 12

MARGIN RESERVED FOR BINDING

N. B.=WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID)=THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED, EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

# CERTIFICATE OF DEATH
## COMMONWEALTH OF VIRGINIA
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

20975

REGISTRATION DISTRICT NO. 452C (TO BE INSERTED BY REGISTRAR) REGISTERED NO. 3 (FOR USE OF LOCAL REGISTRAR)

1 PLACE OF DEATH
COUNTY OF Highland
MAGISTERIAL DISTRICT OF Monterey
OR
INC. TOWN OF _____
OR
CITY OF Headwaters
(No. _____ St. _____ Ward _____)
(If death occured in a hospital or other institution, give its NAME instead of street and number)

2 FULL NAME Andrew Jackson

(A) RESIDENCE. No. _____ St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

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

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | Colored | Single |

5A IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF _____

6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH)
Not Known 19

| 7 AGE | YEARS | MONTHS | DAYS | IF LESS THAN 1 DAY, ____ HRS OR ____ MIN. |
|---|---|---|---|---|
| About | 80 | | | |

8 OCCUPATION OF DECEASED
(A) TRADE, PROFESSION, OR PARTICULAR KIND OF WORK Farmer
(B) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) _____
(C) NAME OF EMPLOYER S. W. Wilson

9 BIRTHPLACE
(CITY OR TOWN) Knot Known
(STATE OR COUNTRY) _____

PARENTS

10 NAME OF FATHER Pondexter
11 BIRTHPLACE OF FATHER
(CITY OR TOWN) _____
(STATE OR COUNTRY) Knot Known
12 MAIDEN NAME OF MOTHER Gibson
13 BIRTHPLACE OF MOTHER
(CITY OR TOWN) _____
(STATE OR COUNTRY) Knot Known

14 INFORMANT S. W. Wilson
(ADDRESS) Headwaters

15 FILED Sept 23, 1928 J. C. Simmons REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH)
Sept 18 1928

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM
May 7, 1928, TO June 4, 1928
(Last medicine to Date of Death)
THAT I LAST SAW HIM ALIVE ON June 4th, 1928
(Found dead in bed)
AND THAT DEATH OCCURED, ON DATE STATED ABOVE, AT 2 M.,
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation & Murmur with
Chronic Bright's Disease
Uremic Coloma 129
(DURATION) 5 to 6 YRS. _____ MOS. _____ DS. Probably

CONTRIBUTORY (SECONDARY) Decompensating Heart with Dropsy
(DURATION) _____ YRS. 5 MOS. _____ DS.

18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None except Clinical

(SIGNED) Chas Tate, M. D.
9/18, 1928 (ADDRESS) Mauzy, Va.

*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.

| 19 PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cow Pasture River | 8/19/1928 |

20 UNDERTAKER John S Hicklin & Sons
ADDRESS McDowell Va.