

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Columbus Registration District No. 1113 File No. 50758
 Township Hoyer Primary Registration District No. _____ Registered No. _____
 or Village Columbus No. _____ St. _____ Ward _____
 or City of _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Andrew Jackson

(a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 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.

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 Margaret Ann Jackson (or) WIFE of _____
 6 DATE OF BIRTH (month, day, and year) 1845 Nov 8
 7 AGE Years 73 Months 11 Days 17 1. LESS than 1 day _____ hrs. or _____ min.
 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer 90
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 25 1921
 I HEREBY CERTIFY, That I attended deceased from April 17, 1920, to Nov 25, 1921, that I last saw him alive on Nov 8, 1921, and that death occurred, on the date stated above, at 10:30 a.m.
 The CAUSE OF DEATH* was as follows:
Mitral Regurgitation

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 7 yrs. 7 mos. 7 ds.
 18 Where was disease contracted ? if not at place of death? _____
 Did an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? _____

9 BIRTHPLACE (city or town) Catholis (State or country) Ohio
 10 NAME OF FATHER unknown
 11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) _____
 12 MAIDEN NAME OF MOTHER unknown
 13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____

(Signed) J. C. Houchens M. D. 11/28/21, 19 (Address) Columbus, O.
 *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.)

14 Informant S. D. Jackson (Address) Columbus Ohio
 15 Filed 11/20, 1921 C. Simpson REGISTRAR

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Columbus Ohio DATE OF BURIAL Nov 28 1921
 20 UNDERTAKER, License No. 11442 ADDRESS Columbus Ohio
C. H. Baughman

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.