

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.

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County **MONTGOMERY** Registration District No. **904** File No. **2595**  
Township \_\_\_\_\_ Primary Registration District No. **8390** Registered No. \_\_\_\_\_  
or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
or City of **Dayton, O.** Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
2 FULL NAME **Yee Roy Jackson**  
(a) Residence. No. **404 W. 3rd** St. **1** 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 **Yellow** 5 Single, Married, Widowed or Divorced (write the word) **Singles**  
6a If married, widowed or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (month, day, and year) **2-28-1924**  
7 AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
**1 10 2**

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) **Dayton, Ohio**  
(State or country)

10 NAME OF FATHER **Yee Jackson**

11 BIRTHPLACE OF FATHER (city or town) **Cal.**  
(State or country)

12 MAIDEN NAME OF MOTHER **Myrtle Robinson**

13 BIRTHPLACE OF MOTHER (city or town) **Mich.**  
(State or country)

14 Informant **Yee Roy Jackson**  
(Address) **Dayton, O.**

15 **DEC 31 1925**

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day and year) **12-30 1925**

17 I HEREBY CERTIFY, That I attended deceased from **12-25, 1925**, to **12-30, 1925**  
that I last saw **him** alive on **12-30, 1925**  
and that death occurred, on the date stated above, at **8 P. m.**  
The CAUSE OF DEATH\* was as follows:

**Bronchial Pneumonia**  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. **7** ds.

CONTRIBUTORY (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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? (Signed) **A. A. Smith** M. D. **12-31, 1925** (Address) **Dayton, 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.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **Woodland Cem.** DATE OF BURIAL **1-2 1926**

20 UNDERTAKER, License No. **Robert Riesinger** ADDRESS **Dayton, O.**