352

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

57 308

State Index No.

County Registered No. 285

Local Registrar's No.

PLACE OF DEATH

County: Gila

District: Globe

Town Or City: Miami

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Jesse. Jesse Danner

Age will be [illegible] unless "unknown." A every effort may be proper [illegible] classified. If any item can not be obtained insert word "unknown." possible to secure this information. Incorrect certificates will be returned for correction.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White ~~Indian~~ ~~Black~~ ~~Chinese~~ Mexican

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: unknown (Month) (Day) 191.. (Year)

AGE: 45 yrs. ..... mos. ..... days. If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed or (employer) .....

BIRTHPLACE (State or country): unknown

PARENTS

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

PLACE OF BURIAL OR REMOVAL: Globe

DATE OF BURIAL OR REMOVAL: Nov 21 1913

UNDERTAKER: L. Elm Wiles

ADDRESS: Miami Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 18 1913 (Month) (Day) (Year)

I hereby certify, that I attended deceased ~~from~~ on Nov 18 1913 to ..... 191.. ; that I last saw him alive on Nov 18 1913, and that death occurred on the date stated above at 10 30 P.M. The DISEASE or INJURY causing Death was as follows: Gun shot in thoracic cavity

~~Homicide~~ (Duration) ..... yrs. ..... mos. ..... days.

Was disease contracted in Arizona? 3 H

If not, where? .....

CONTRIBUTORY Shock

(Duration) ..... yrs. ..... mos. ..... days.

(Signed) F. J. Evans M.D.

Nov 21 1913 (Address) Miami

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. ..... mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence .....

Filed Nov 21 1913 B. G. Gray
Local Registrar

Filed Nov 5 1913 B. G. Gray
County Registrar