2215

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Maricopa

District

Town

Or City Phoenix

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 110

County Registered No. 526

Local Registrar's No. 3400

No. 509 N. 13th St.

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

FULL NAME John D. Clow.

PERSONAL AND STATISTICAL PARTICULARS

SEX: m

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

SINGLE, MARRIED, WIDOWED, or DIVORCED

DATE OF BIRTH: October 3 1857 (Month) (Day) (Year)

AGE: 61 yrs. mos. days. If less than 1 day, hrs., or min.

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

BIRTHPLACE (State or country): Mo.

PARENTS

NAME OF FATHER: James D. Clow

BIRTHPLACE OF FATHER (State or country): Kentucky.

MAIDEN NAME OF MOTHER: Ingles.

BIRTHPLACE OF MOTHER (State or county): Iowa.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. C. Clow

(Address) Phoenix Ariz.

PLACE OF BURIAL OR REMOVAL: Greenwood Cem.

DATE OF BURIAL OR REMOVAL: 7/6/14

UNDERTAKER: J. Whitney

ADDRESS: Phoenix Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 3, 1914 (Month) (Day) (Year)

I hereby certify, that I attended deceased from June 15 1914 to July 3 1914; that I last saw him alive on June 15 1914 and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. days

Was disease contracted in Arizona? no

If not, where? Mo.

CONTRIBUTORY Miners Consumption

(Duration) yrs. 25 days

(Signed) [illegible]

7/3/14 1914 (Address) Phoenix Ariz.

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

LENGTH OF RESIDENCE

At place of death 1 yrs. 9 mos. ds. In Arizona 1 yrs. 9 mos. ds.

Former or Usual Residence Mo.

Filed July 8 1914 [illegible] Local Registrar

Filed 8/7 1914 F. A. Hughes Jr. County Registrar