

ALL should be stated EXPLICITLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, if 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

ARIZONA STATE BOARD OF HEALTH

County Yavapai
District Prescott
Town Prescott
Or City

BUREAU OF VITAL STATISTICS

State Index No. 535

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 201

Local Registrar's No. _____

No. Chino Valley
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME William F. King

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~ SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~

DATE OF DEATH Nov 14 1914
(Month) (Day) (Year)

DATE OF BIRTH _____ 1870
(Month) (Day) (Year)

I hereby certify, that I attended deceased from _____
191____ to _____ 191____; that I last saw h_____ alive
on _____ 191____, and that death occurred on the date

AGE 44 yrs. _____ mos. _____ days If less than 1 day _____ hrs., or _____ min.

stated above at _____ M. The DISEASE or INJURY causing
Death was as follows: Shot gun wound
accidental

OCCUPATION (a) Trade, profession or particular kind of work Chief Clerk Recorder's office
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Mo.

(Duration) _____ yrs. _____ mos. _____ days
Was disease contracted in Arizona? Yes

NAME OF FATHER King

If not, where? _____
CONTRIBUTORY _____

BIRTHPLACE OF FATHER (State or country) Mo.

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Doctor Puffer
(Address) Prescott, Ariz.

(Signed) Thomas H. Mc Lane Corra
Nov 17 1914 (Address) Prescott, Ariz.
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

PLACE OF BURIAL OR REMOVAL Mountain Cemetery DATE OF BURIAL OR REMOVAL Nov. 17 1914

LENGTH OF RESIDENCE about
At place of death _____ yrs. _____ mos. _____ ds. In Arizona 2 yrs. _____ mos. _____ ds.

UNDERTAKER Doctor Puffer ADDRESS Prescott, Ariz.

Former or Usual Residence _____
Filed Nov 17 1914
Harry J. Southworth Local Registrar

Filed 12/14/1914
John H. Hines County Registrar