

9908

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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

ARIZONA STATE BOARD OF HEALTH

County Maricopa
District Murphy
Town Phoenix
Or City

BUREAU OF VITAL STATISTICS

State Index No. 201

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 83

Local Registrar's No. 4397

No. Maricopa Co Hosp. St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME James J. Flournoy

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male Color or Race White Indian Black Chinese Mexican
MARRIED SINGLE WIDOWED or DIVORCED
DATE OF BIRTH April 11 1916
(Month) (Day) (Year)

DATE OF DEATH Jan 28 1916
(Month) (Day) (Year)

AGE 73 yrs 9 mos 11 days If less than 1 day _____ hrs., or _____ min.

I hereby certify, that I attended deceased from Nov. 21 1915 to Jan 28 1916; that I last saw him alive on Jan 27 1916, and that death occurred on the date stated above at 7:45 P.M. The DISEASE or INJURY causing

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

Death was as follows: Chronic Intest. Nephritis

BIRTHPLACE (State or country) Virginia

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

NAME OF FATHER Thos. S. Flournoy

Was disease contracted in Arizona? No

BIRTHPLACE OF FATHER (State or country) Va.

If not, where? Virginia
CONTIBUTOR Medical Record
(Duration) _____ yrs. _____ mos. _____ days.

MAIDEN NAME OF MOTHER Susana Love

(Signed) A. B. Nichols
1-29-16 1916 (Address Phoenix)

BIRTHPLACE OF MOTHER (State or country) Va.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lelia A. Callahan

LENGTH OF RESIDENCE
At place of death _____ yrs. _____ mos. _____ ds. In Arizona 3 yrs. _____ mos. _____ ds.

(Address) Matron Co Hosp.

Former or Usual Residence Buck Eye
Filed Jan 29 1916 H. K. Bauchaus
Local Registrar

PLACE OF BURIAL REMOVAL Forest Lawn Cem DATE OF BURIAL 1/29 1916
OR REMOVAL

Filed 1916 A. B. Nichols
County Registrar

UNDERTAKER H. M. Maus ADDRESS 311 N. 1st Ave.