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WRITE MAINLY, 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 Yavapai

BUREAU OF VITAL STATISTICS

State Index No. 631

District Prescott

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 60

Town Prescott

Local Registrar's No. _____

Or City Prescott

No. Mercy hospital St.

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

FULL NAME John M. Weston

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Feb. 16, 1916</u> 191 <u>6</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Nov. 12, 1869</u> 191 <u>9</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Jan 30th</u> 191 <u>6</u> to <u>Feb 16</u> 191 <u>6</u> ; that I last saw <u>him</u> alive on <u>Feb 16</u> 191 <u>6</u> , and that death occurred on the date stated above at <u>2 P.M.</u> The DISEASE or INJURY causing Death was as follows <u>Pulmonary Tuberculosis probably</u>		
AGE <u>46</u> yrs -- <u>0</u> mos. -- <u>0</u> days hrs., or <u>0</u> min.			(Duration) <u>1</u> yrs. <u>0</u> mos. <u>0</u> days		
OCCUPATION (a) Trade, profession or particular kind of work <u>Rancher</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			Was disease contracted in Arizona? <u>Yes</u> If not, where? _____		
BIRTHPLACE (State or country) <u>Kansas</u>			CONTRIBUTORY <u>Pulmonary Abscess</u> (Duration) _____ yrs. _____ mos. _____ days		
PARENTS	NAME OF FATHER <u>Jared Weston</u>		(Signed) <u>R. B. Marshall</u>		
	BIRTHPLACE OF FATHER (State or Country) <u>Indiana</u>		<u>Feb. 1891</u> (Address) <u>Prescott, Ariz.</u>		
	MAIDEN NAME OF MOTHER <u>Elizabeth Annie</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF MOTHER (State or Country) <u>Georgia</u>		LENGTH OF RESIDENCE At place of death: <u>4</u> yrs. <u>2</u> mos. <u>2</u> ds. In Arizona <u>38</u> yrs. <u>0</u> mos. <u>0</u> ds.		
The Above Is True to the Best of My Knowledge (Informant) <u>Marion Weston</u> (Address) <u>Prescott, Arizona</u>			Former or Usual Residence _____ Filed _____		
PLACE OF BURIAL OR REMOVAL <u>Citizens Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>Feb. 18, 1916</u>		Filed <u>Harry J. Southworth</u> 191 <u>6</u> Local Registrar	
UNDERTAKER <u>Lester Ruffner</u>		ADDRESS <u>Prescott, Ariz.</u>		Filed <u>John H. Hines</u> 191 <u>6</u> County Registrar	