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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. ~~1045~~

County Registered No. 311

Local Registrar's No.

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

County: Pinal

District:

Town or City: Superior

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

FULL NAME: James Hellman Whitlow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

SINGLE, MARRIED ✕, WIDOWED, or DIVORCED

DATE OF BIRTH: 1864 (Month) (Day) (Year)

AGE: 52 yrs. 5 mos. 18 days. If less than 1 day: hrs., or min.

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

BIRTHPLACE (State or country): Texas

PARENTS
NAME OF FATHER: Charles Whitlow
BIRTHPLACE OF FATHER (State or Country): Kentucky
MAIDEN NAME OF MOTHER: Sarah Jane McKee
BIRTHPLACE OF MOTHER (State or Country): Penn.

The Above Is True to the Best of My Knowledge
(Informant): Mrs. Lela D. Whitlow
(Address): San Bernardino, Cal.

PLACE OF BURIAL OR REMOVAL: Superior, Ariz
DATE OF BURIAL OR REMOVAL: Dec 5 1916

UNDERTAKER: W. A. Martin
ADDRESS: Superior

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 3 1916 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Dec 1 1916 to Dec 3 1916; that I last saw him alive on Dec 3 1916, and that death occurred on the date stated above at 12 M. The DISEASE or INJURY causing Death was as follows:

Pneumonia

(Duration) ___ yrs ___ mos. 6 days

Was disease contracted in Arizona? yes.

If not, where?

CONTRIBUTORY

(Duration) ___ yrs ___ mos ___ days

(Signed) E. Holm M.D.

Dec 4 1916. (Address) Superior

*In death 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 Dec 4 1916 E. Holm M.D.
Local Registrar

Filed Jan 8 1917 Geo F. Hoffman
County Registrar