[redacted]

543

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. [redacted]

County Registered No. 96

Local Registrar's No.

## ORIGINAL CERTIFICATE OF DEATH

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 Gila

District Globe

~~Town~~ or City Globe

No. County Hospital St.

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

**FULL NAME** Walter KEESEE

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: (White) Indian / Black Chinese / Mexican

SINGLE / (MARRIED) / WIDOWED / or DIVORCED

DATE OF BIRTH: Unknown (Month) (Day) 191 (Year)

AGE: 45 yrs. — mos. — days. If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): Texas.

PARENTS

NAME OF FATHER: Walter Keesee

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mildred Woodley

BIRTHPLACE OF MOTHER (State or country): Alabama

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Keesee

(Address) El Paso, Tex. [redacted]

PLACE OF BURIAL ~~OR REMOVAL~~: Globe, Arizona

DATE OF BURIAL ~~OR REMOVAL~~: April 11th 191 7

UNDERTAKER: F. L. JONES & SON

ADDRESS: Globe, Ariz

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 8th 1917 (Month) (Day) (Year)

I hereby certify that I attended deceased from Apr 4 1917 to Apr 8 1917; that I last saw him alive on Apr 8 1917, and that death occurred on the date stated above at 11 P. M. The DISEASE or INJURY causing death was as follows: Lobar Pneumonia

(Duration) yrs. mos. 8 days.

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days.

(Signed) R D Kennedy

191 (Address)

*In deaths 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. 4 mos. — ds.

Former or Usual Residence El Paso, Texas.

Filed Apr 10 1917 B E Fox Local Registrar

Filed May 5 1917 B E Fox County Registrar