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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 188

PLACE OF DEATH
County Graham

District
Town Safford
Or City

County Registered No. 34

Local Registrar's No. 30

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME James Fall Freestone

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED <u>yes</u> WIDOWED OR DIVORCED	DATE OF DEATH <u>April 2</u> 191 <u>7</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>May 5, 1840</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Feb 10,</u> 191 <u>7</u> to <u>Apr 2,</u> 191 <u>7</u> ; that I last saw him alive on <u>Apr 2,</u> 191 <u>7</u> , and that death occurred on the date stated above at <u>one P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>From Arterioscle-</u> <u>rosis - a steady degenera-</u> <u>tion for one year.</u>		
AGE <u>76 yrs. 10 mos. 27 days</u> hrs., or min.			(Duration) _____ yrs. _____ mos. _____ days		
OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? <input checked="" type="checkbox"/> no, where?		
BIRTHPLACE (State or country) <u>Umpas American Waters near Boston</u>			CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days		
PARENTS	NAME OF FATHER <u>Thomas Freestone</u>		(Signed) <u>V.B. Callison, D.O.</u>		
	BIRTHPLACE OF FATHER (State or country) <u>England</u>		<u>Apr 12, 1917</u> (Address) <u>Safford, Ariz.</u>		
	MAIDEN NAME OF MOTHER <u>Ann Fall</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
BIRTHPLACE OF MOTHER (State or country) <u>England</u>			LENGTH OF RESIDENCE At place of death <u>30</u> yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Married Fred Freestone</u>			Former or Usual Residence <u>Utah</u>		
(Address) <u>Safford, Ariz.</u>			Filed <u>4/30 1917</u> <u>W.V. Thorpe</u> Local Registrar		
PLACE OF BURIAL OR REMOVAL <u>Union Cemetery</u>			DATE OF BURIAL OR REMOVAL <u>Apr 4</u> 191 <u>7</u>		
UNDERTAKER <u>Safford, Ariz.</u>			Filed <u>5/2 1917</u> <u>J.N. McCoy</u> County Registrar		

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.

USE UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS.