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R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 133

County \_\_\_\_\_  
District \_\_\_\_\_  
Town \_\_\_\_\_  
Or City \_\_\_\_\_

County Registered No. 6847  
Local Registrar's No. 7824

ORIGINAL CERTIFICATE OF DEATH

No. 334 West Jefferson St.  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME James Crockett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M Color or Race White Indian Black Chinese Mexican SINGLE MARRIED WIDOWED or DIVORCED

DATE OF DEATH May 2, 1919 (Month) (Day) (Year)

DATE OF BIRTH ? 191 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 191 to 191; that I last saw h... alive on 191, and that death occurred on the date stated above at 1:30 P.M. The DISEASE or INJURY causing Death was as follows: Pulmonary tuberculosis

AGE 44 yrs. mos. days If less than 1 day hrs., or min.

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

(Duration) yrs. mos. days. Was disease contracted in Arizona? If not, where? CONTRIBUTORY (Duration) yrs. mos. days.

BIRTHPLACE (State or country) South Carolina

NAME OF FATHER ? Crockett

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER ) )

BIRTHPLACE OF MOTHER (State or country) ) )

(Signed) Frank DeDunn, Coroner 4/6/1919 (Address) Phoenix, Ariz

\*In death 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) Thomas Smith (Address) 334 West Jefferson

LENGTH OF RESIDENCE At place of death... yrs... mos... ds. In Arizona... yrs... mos... ds. Former or Usual Residence Portland Oregon

PLACE OF BURIAL OR REMOVAL UNDERTAKER Ernest Lamm

DATE OF BURIAL OR REMOVAL May 6, 1919

ADDRESS

Filed 5-7-1919 A. B. Nichols Local Registrar.

Filed 6-1-1919 A. B. Nichols County Registrar.

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.