1471

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 6
County Registered No. 24
Local Registrar's No. 7

PLACE OF DEATH

County APACHE
District
Town Or City SAINT JOHNS, ARIZONA
No. St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Walter Jones

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male
Color or Race: White, ~~Indian~~, ~~Black~~, ~~Chinese~~, ~~Mexican~~
SINGLE, ~~MARRIED~~, ~~WIDOWED~~, or ~~DIVORCED~~
DATE OF BIRTH Nov. 10 1902 (Month) (Day) (Year)
AGE 16 yrs. 7 mos. 14 days. If less than 1 day hrs., or min.
OCCUPATION
(a) Trade, profession or particular kind of work [redacted]
(b) General nature of industry, business, or establishment in which employed or (employer) Orphan
BIRTHPLACE (State or country) SAINT JOHNS, ARIZONA
PARENTS
NAME OF FATHER Eleazar Jones
BIRTHPLACE OF FATHER (State or country) Wales
MAIDEN NAME OF MOTHER Caroline Chittenden
BIRTHPLACE OF MOTHER (State or country) Australia
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. C. Jones
(Address) SAINT JOHNS, ARIZONA
PLACE OF BURIAL OR REMOVAL
DATE OF BURIAL OR REMOVAL June 26 1919
UNDERTAKER
ADDRESS SAINT JOHNS, ARIZONA

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24, 1919 (Month) (Day) (Year)

I hereby certify, that I attended deceased from June 24 1919 to June 24 1919; that I last saw him alive on June 24 1919, and that death occurred on the date stated above at 10 M. The DISEASE or INJURY causing Death was as follows: Typhoid fever with perforation

(Duration) yrs. mos. 28 days.
Was disease contracted in Arizona? yes
If not, where?
CONTRIBUTORY
(Duration) yrs. mos. days.
(Signed) J. P. Boulden M.D.
191 (Address) SAINT JOHNS, ARIZONA
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
LENGTH OF RESIDENCE
At place of death 16 yrs. 7 mos. 14 ds. In Arizona yrs. mos. ds.
Former or Usual Residence
Filed 7/2 1919 Martin Jensen Local Registrar
Filed July 10 1919 J. P. Boulden M.D. County Registrar