

2227

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 40

PLACE OF DEATH

County APACHE

County Registered No. 40

District _____
Town _____
Or City SAINT JOHNS, ARIZONA

ORIGINAL CERTIFICATE OF DEATH

Local Registrar's No. 13

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

FULL NAME Charles DeFries Jarvis

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	Color or Race White <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/>	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED <input type="checkbox"/>
DATE OF BIRTH <u>Oct 3 1855</u> (Month) (Day) (Year)	AGE <u>63</u> yrs <u>10</u> mos <u>2</u> days If less than 1 day _____ hrs., or _____ min.	

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

BIRTHPLACE (State or country) England

NAME OF FATHER Joseph George DeFries

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Ann Godfrey

BIRTHPLACE OF MOTHER (State or country) England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. J. Overton
(Address) SAINT JOHNS, ARIZONA

PLACE OF BURIAL OR REMOVAL _____
DATE OF BURIAL OR REMOVAL Aug 6 1919

UNDERTAKER _____
ADDRESS SAINT JOHNS, ARIZONA

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1919
(Month) (Day) (Year)

I hereby certify, that I attended deceased from June 5 1919 to Aug 3 1919; that I last saw him alive on Aug 3 1919, and that death occurred on the date stated above at 10 P M. The DISEASE or INJURY causing

Death was as follows: Myocardial Insufficiency
Several yrs. mos. days
(Duration)

Was disease contracted in Arizona? Think so
If not, where? _____

CONTRIBUTORY General Anasarca
(Duration) 1 yrs. mos. days

Signed) J. P. Soule
191 (Address) St. Johns Ariz

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE
At place of death 3 1/2 yrs. mos. ds. In Arizona 40 yrs. mos. ds.

Former or Usual Residence England
Filed 8/9 1919 Martin Jensen
Local Registrar

Filed sep 10 1919 J. P. Soule
County Registrar

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.