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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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 238
County Registered No. 7779
Local Registrar's - No. 8537

PLACE OF DEATH

County Maricopa
District
Town Or City Phoenix

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

FULL NAME James J. Franklin,

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

Color or Race: * White Indian Black Chinese Mexican

SINGLE * MARRIED WIDOWED or DIVORCED

DATE OF BIRTH ..... 19.... (Month) (Day) (Year)

AGE 53 yrs. ..... mos. ..... days | If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or Country) Texas

PARENTS
NAME OF FATHER B. J. Franklin,
BIRTHPLACE OF FATHER (State or Country) Kentucky,
MAIDEN NAME OF MOTHER Johnston,
BIRTHPUACE OF MOTHER (State or country) Missouri

The Above is True to the Best of My Knowledge
(Informant) Alfred Franklin,
(Address) City.

PLACE OF BURIAL OR REMOVAL: Greenwood Cemetery,
DATE OF BURIAL OR REMOVAL: 1-29-20 19....
UNDERTAKER: J.T.Whitney,
ADDRESS: City,

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27th. 1920 ..... 19.... (Month) (Day) (Year)

I hereby certify that I attended deceased from ..... 19.... to ..... 19....; that I last saw h..... alive on ..... 19...., and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing death was as follows:

Strangulation - Suicidal
(Duration)) ..... yrs. ..... mos ..... days

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

(Signed) Chas. D. Wheeler
Coroner East Pct. Phoenix, Arizona
(Address)

*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE
At place of death ..... yrs. ..... mos. 1 ds. In Ariz. 25 yrs. ..... mos. ..... ds.
Former or Usual Residence Ford Hotel,

Filed Jan. Dr. H. K. Beauchamp
Registrar.

Filed 2-3 1920. H. R. Carson
County Registrar.

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