961

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.

PLACE OF DEATH

County Pima

District

Town Or City Tucson

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 221

County Registrar's No.

Local Registrar's - No.

No. 128 N. Church St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Jonathan Sprague

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

~~Color or Race~~ White ~~Indian~~ ~~Black~~ ~~Chinese~~ Mexican

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: April (Month) 1st (Day) 1840 (Year)

AGE: 80 yrs. 9 mos. 24 days | If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed or (employer): 29

BIRTHPLACE (State or Country): Ohio

PARENTS
NAME OF FATHER: J. Sprague
BIRTHPLACE OF FATHER (State or Country): Ohio
MAIDEN NAME OF MOTHER: Emma Salter
BIRTHPLACE OF MOTHER (State or Country): Pa.

The Above is True to the Best of My Knowledge.

(Informant) Mrs Ola M Sprague

(Address) Tucson, Arizona

PLACE OF ~~BURIAL OR~~ REMOVAL: Maryville, Mo

DATE OF ~~BURIAL OR~~ REMOVAL: Jan 30 1921

UNDERTAKER: Kelly Undertaking Co.,

ADDRESS: Tucson, Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 24 (Day) 1921 (Year)

I hereby certify that I attended deceased from Jan 7 1921, to Jan 24 1921; that I last saw him alive on Jan 24 1921, and that death occurred on the date stated above at 12.10 P.M. The DISEASE or INJURY causing death was as follows:

Chronic Nephritis

(Duration) 1 yrs. ..... mos. ..... days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY Chronic Endocarditis

(Duration) 1 yrs. ..... mos. ..... days

(Signed) A. W. Olcott

Jan 27 1921 (Address) Tucson Ariz

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

LENGTH OF RESIDENCE

At place of death ..... yrs. 1 mos. 14 ds. In Ariz. ..... yrs. 1 mos. 14 ds.

Former or Usual Residence Maryville Mo.

Filed JAN 28 1921 192 [signature] Local Registrar.

Filed JAN 10 1921 192 [signature] County Registrar.