

1690

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

County Graham State Index - No. 111  
 District Safford County Registered No. 30  
 Town Hulbaid Local Registrar's - No. 30  
 Or City

**ORIGINAL CERTIFICATE OF DEATH**

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

FULL NAME J. W. Chesley

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black Chinese Mexican	SINGLE MARRIED <input checked="" type="checkbox"/> WIDOWED or DIVORCED
DATE OF BIRTH <u>June 9 1853</u> (Month) (Day) (Year)		
AGE <u>65</u> yrs. <u>9</u> mos. <u>9</u> days hrs., or min. If less than 1 day		
OCCUPATION (a) Trade, profession or particular kind of work <u>farmer</u> (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or Country) <u>Utah</u>		
PARENTS	NAME OF FATHER <u>A. Chesley</u>	
	BIRTHPLACE OF FATHER (State or Country) <u>Virginia</u>	
	MAIDEN NAME OF MOTHER <u>S. Hall</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Iowa</u>	
The Above is True to the Best of My Knowledge (Informant) <u>J. W. Morris, Sr.</u> (Address) <u>Prima, Ariz.</u>		
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL	
UNDERTAKER	ADDRESS	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 18 1921  
(Month) (Day) (Year)

I hereby certify that I attended deceased from Mar 1 1921 to Mar 17 1921; that I last saw him live on Mar 19 21, and that death occurred on the date stated above at 3A.M. The DISEASE or INJURY causing death was as follows:  
mitral regurgitation and acute rheumatism  
 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Was disease contracted in Arizona? yes  
 If not, where? \_\_\_\_\_

CONTRIBUTORY none  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) D. Scott Scheuch  
3/18/21 (Address) Safford

\*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....ds. In Ariz....yrs....mos....ds.  
 Former or Usual Residence \_\_\_\_\_  
 Filed 4-5 1921 Alma Burrus  
 Local Registrar.  
 Filed 4-10 1921 J. G. Stratton  
 County Registrar.