2594

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

State Index - No. 12
County Registered No. 210
Local Registrar's - No. 95

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
County Cochise
District Douglas
Town Or City Douglas

No. Slaughter Ranch East of Douglas St.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Jesse H. Fisher

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

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

DATE OF BIRTH: 9 (Month) 9 (Day) 1863 (Year)

AGE: 57 yrs. 6 mos. 9 days — If less than 1 day ..... hrs., or ..... min

OCCUPATION
(a) Trade, profession or particular kind of work: Rancher
(b) General nature of industry, business, or establishment in which employed or (employer): 35

BIRTHPLACE (State or Country): Missouri

PARENTS
NAME OF FATHER: Saul Fisher
BIRTHPLACE OF FATHER (State or Country): Missouri
MAIDEN NAME OF MOTHER: Howell
BIRTHPLACE OF MOTHER (State or Country): unknown

The Above is True to the Best of My Knowledge.
(Informant) Mrs Jesse H. Fisher
(Address) Douglas Arizona

PLACE OF BURIAL OR ~~REMOVAL~~: Douglas
DATE OF BURIAL OR ~~REMOVAL~~: May 8 1921
UNDERTAKER: C.A.P.
ADDRESS: Douglas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 4 (Day) 1921 (Year)

I hereby certify that I attended deceased from ..... 192..., to ..... 192...; that I last saw h..... alive on ..... 192..., and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing death was as follows: Gun shot wounds

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

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

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

(Signed) Wm Jack
5/7 1921 (Address) Douglas, Ariz.

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

LENGTH OF RESIDENCE
At place of death 32 yrs. ..... mos. ..... ds. In Ariz. 32 yrs. ..... mos. ..... ds.

Former or Usual Residence .....

Filed 5-7 1921 — [signature] Local Registrar.

Filed 6-6- 1921 — R. B. [signature] County Registrar.