

9009

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		<b>ARIZONA STATE BOARD OF HEALTH</b>	
County <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	
District <u>Phoenix</u>		State Index - No. <u>170</u>	
Town <u>Phoenix</u>		County Registered No. <u>1310</u>	
Or City <u>Phoenix</u>		Local Registrar's - No. <u>10703</u>	
ORIGINAL CERTIFICATE OF DEATH			
No. <u>Arizona State Hosp. St.</u>			
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
FULL NAME <u>Jasper Stacey</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <input checked="" type="checkbox"/> White Indian Black Chinese Mexican	DATE OF DEATH <u>September 22, 1921</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Mar. 10<sup>th</sup> 1851</u> (Month) (Day) (Year)	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED or DIVORCED	I hereby certify that I attended deceased from <u>July 7</u> 1921, to <u>Sept 22</u> 1921; that I last saw him alive on <u>Sept 22</u> 1921, and that death occurred on the date stated above at <u>12:30 A.M.</u> The DISEASE or INJURY causing death was as follows: <u>Mental Insufficiency</u> (Duration) <u>not known</u> yrs. mos. days	
AGE <u>70</u> yrs. <u>6</u> mos. <u>12</u> days	If less than 1 day hrs., or min	Was disease contracted in Arizona? If not, where? <u>Insanity, Penitentiary</u>	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)	<u>Physician</u>	CONTRIBUTORY (Cause) <u>Psychosis</u> yrs. mos. days <u>3 mos. 15 days</u>	
BIRTHPLACE (State or Country)	<u>Mo.</u>	Signed <u>Charles A. Swanson M.D.</u> <u>Sept 22 1921</u> (Address) <u>Phoenix, Ariz.</u>	
NAME OF FATHER	<u>Dr. Silius Stacey</u>	*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE OF FATHER (State or Country)	<u>Mo.</u>	LENGTH OF RESIDENCE At place of death... yrs. <u>2</u> mos. <u>5</u> ds. In Ariz. <u>12</u> yrs. mos. ds.	
MAIDEN NAME OF MOTHER	<u>Minda Utton</u>	Former or Usual Residence <u>Arizona</u>	
BIRTHPLACE OF MOTHER (State or Country)	<u>Mo.</u>	Filed <u>Sept 23 1921</u> <u>Beauchamp</u> Local Registrar	
The Above is True to the Best of My Knowledge		Filed <u>Oct. 6 1921</u> County Registrar	
(Informant) <u>Hospital Records</u>	(Address) <u>Phoenix, Ariz.</u>	Local Registrar	
PLACE OF BURIAL OR REMOVAL <u>Greenwood</u>	DATE OF BURIAL OR REMOVAL <u>Sept 23<sup>rd</sup> 1921</u>	MORNING	
UNDERTAKER <u>Mans H.M.</u>	ADDRESS <u>Phoenix</u>	County Registrar	