1953

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 12

County Registered No. 510

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Cochise

District

Town Or City Willcox

No. St.

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

FULL NAME Jackie Hailey

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX: White

Color or Race: White Indian Black Chinese Mexican

SINGLE X MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: Dec. (Month) 3 (Day) 1908 (Year)

AGE: 13 yrs. mos. 8 days

If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): Turkey Texas

PARENTS

NAME OF FATHER: R. T. Hailey

BIRTHPLACE OF FATHER (State or country): Marshall Texas

MAIDEN NAME OF MOTHER: Marie L. Hailey

BIRTHPLACE OF MOTHER (State or country): Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Homer L. Hailey

(Address) Willcox Arizona

PLACE OF BURIAL OR ~~REMOVAL~~: Willcox Ariz.

DATE OF BURIAL OR REMOVAL: Dec. 11 1921

UNDERTAKER: Frank W. Pottenger

ADDRESS: Willcox Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 11 (Day) 1921 (Year)

I hereby certify, that I attended deceased from 191 to 191; that I last saw h alive on 191, and that death occurred on the date stated above at M. The DISEASE or INJURY causing death was as follows: Gun Shot Wound, Accidental Inquest held.

(Duration) yrs. mos. days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) J. C. Wilson

Dec 1921 (Address) Willcox

*In deaths 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 Arizona yrs. mos. ds.

Former or Usual Residence

Filed Jan 2 1921 J. C. Wilson Local Registrar

Filed 1/8 1922 R. B. Dunfee County Registrar