2755

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - No. 318

County Registrar's No.

Local Registrar's - No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

1. County Yavapai

District Prescott

Town or City ..... No. ..... Tussicks Springs St., ... Ward

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

2. FULL NAME James McClure

(a) Residence. No. ..... St., ... Ward. .....

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 1886

7. AGE: 36 Years | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Don't Know

PARENTS

10. NAME OF FATHER — McClure

11. BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14. Informant Lester Ruffner (Address) Prescott Ariz.

15. Filed Harry T. Southworth Registrar

8-25-22

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 8/24/1922

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH* was as follows:

Pistol Wound Homicidal

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas H McLane Coroner, M. D.

Aug 25 1922 (Address) Prescott Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Tussicks Sprs. Az. | DATE OF BURIAL: 8/23/1922

20. UNDERTAKER: Lester Ruffner | ADDRESS: Prescott Az.