2781

properly classified. If any item cannot be obtained, insert the word "Unknown" to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Gila

District Globe

Town or City Solomon St. No. ..... St. Local Registrar's No. .....

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State Index No. 341

County Registrar No. 308

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

FULL NAME Francis Warren Jacobs (Dr. Kahn Hospital)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR OR RACE: White ✓ Indian; Black Chinese; Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH No Information on file (Month) (Day) (Year)

AGE About 50 yrs. ..... mos. ..... days

If less than 1 day ..... hrs., or ..... min.

OCCUPATION

(a) Trade, profession or particular kind of work Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer) Self Employed

BIRTHPLACE (State or country) Dark Knob

PARENTS

NAME OF FATHER " " "

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

The above is true to the best of my knowledge.

(Informant) C. E. Naugle

(Address) Globe

Place of Burial or Removal	Date of Burial or Removal
Solomon	8/28 1922

Undertaker Navy & Conly | Address C. E. Naugle Globe

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28/1922 (6:30 P.M.) (Month) (Day) (Year)

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 DISEASE or INJURY causing death was as follows:

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

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

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

(Signed) C. E. Naugle M. D.

19 (Address) Globe Ariz.

*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE

At place of death 3 yrs years, ... months ..... days

In Arizona Born years, ... months ..... days

Former or Usual Residence Superior Ariz.

Filed 8/28, 19 22 C. E. Naugle Local Registrar.

A True Copy

Filed Sept 9, 1922 C. E. Rooney M.D. By E.J. County Registrar.