

MARGIN RESERVED FOR BINDING
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.

PLACE OF DEATH

1. County Cochise
District Warren
Town or city Bisbee

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

State Index - No. 36
County Registrar's - No. 577
Local Registrar's - No. _____

2. FULL NAME Jessie West

(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 Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single
(Write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Mar 21 - 1914
7. AGE Years 9 Months 7 Days _____ IF LESS than 1 day hrs. or min. _____
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work at school (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTH PLACE (city or town) (State or Country) Arizona

10. NAME OF FATHER R. A. West

11. BIRTHPLACE OF FATHER (State or country) (city or town) Arkansas

12. MAIDEN NAME OF MOTHER Esther Anastor

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

14. Informant (Address) R. A. West
Don Luis

15. Filed 11/25 1923 C. F. Hawley, M.D. Local Registrar.
Filed Dec 19 23 R. B. Wampler County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Nov 24 1923

17. I HEREBY CERTIFY, That I attended deceased from 11 19 1923 to 11 - 24 1923 that I last saw her alive on Nov 24 1923

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH* was as follows:
Pneumonia

(duration) yrs. mos. ds. none

18. Where was disease contracted if not at place of death? (duration) yrs. mos. ds. none

Did an operation precede death? no date of none

Was there an autopsy? no

What test confirmed diagnosis? Usual symptoms
Signed Obstetric M. D.
11-24 1923 (Address) Bisbee

* 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 DATE OF BURIAL
Nov 25 - 1923 Nov 25 1923

20. UNDERTAKER ADDRESS
Hennessy Lumber Co Bisbee Ariz

PARENTS