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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. 228
County Registrar's - - - No. 181
Local Registrar's - - - No. 25

ORIGINAL CERTIFICATE OF DEATH
No. St. Joseph Hospital
(If death occurred in a hospital or institution, give its NAME instead of street number)

1. County Maricopa
District _____
Town or City Phoenix

2. FULL NAME Wiley E. Jones
(a) Residence No. 1735 W. Madison
(Usual place of abode) _____ St. _____ Ward _____
Length of residence in city or town where death occurred 11 yrs. - mos. _____ ds. (If nonresident, give city or town and State)
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 Single
(Write the word)

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

6. DATE OF BIRTH (month, day and year) Oct. 19th 1856

7. AGE Years 67 Months 3 Days 4 IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Attorney
(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) Illinois

10. NAME OF FATHER Joshua W. Jones

11. BIRTHPLACE OF FATHER (State or country) Kentucky

12. MAIDEN NAME OF MOTHER Pollyanna Mills

13. BIRTHPLACE OF MOTHER (State or country) Illinois

14. Informant (Address) _____

15. Filed 1-26-24 Harry J. Felton Local Registrar.
Filed Jan. 21, 1924 Harry J. Felton County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan. 23rd 1924

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw him _____ alive on _____ 19____ and that death occurred, on the date stated above, at 11:45 P.M.
The CAUSE OF DEATH* was as follows:
Fractured skull & Cerebral concussion
(duration) _____ yrs. _____ mos. 6 ds.
CONTRIBUTORY (Secondary) Meningitis
(duration) _____ yrs. _____ mos. 3 ds.
18. Where was disease contracted if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? Autopsy
(Signed) W. J. Jones M. D.
(Address) _____

* 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 Greenwood DATE OF BURIAL Jan. 26th 1924

20. UNDERTAKER H. M. Maus ADDRESS 311 N. 1st Ave.