

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

ARIZONA STATE BOARD OF HEALTH

1. County Cochise
District Williams
Town Garland Prairie

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 63
County Registrar's - No. 6
Local Registrar's - No. 6

2. FULL NAME John Wesley Wright
(a) Residence. No. Garland Prairie St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Single</u>
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day and year) <u>1-17-1911</u>		
7. AGE <u>13</u>	Years	Months <u>1</u> Days <u>7</u> IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Schoolchild</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>none</u> (c) Name of employer _____		
9. BIRTHPLACE (city or town) <u>Brooksmith</u> (State or Country) <u>TEXAS</u>		
10. NAME OF FATHER <u>Jas. K. Wright</u>		
11. BIRTHPLACE OF FATHER <u>White Plains</u> (State or country) <u>Georgia</u>		
12. MAIDEN NAME OF MOTHER <u>Carrie Garms</u>		
13. BIRTHPLACE OF MOTHER _____ (State or country) <u>Illinois</u>		
14. Informant <u>J. W. Wright</u> (Address) <u>Garland Prairie</u>		
15. Filed <u>2-23-</u> 19 <u>24</u> <u>C. J. Jeffers</u> Local Registrar. Filed <u>3/5</u> 19 <u>24</u> <u>S. F. Williams</u> County Registrar.		

16. DATE OF DEATH (month, day, and year) 2-23-1924

17. I HEREBY CERTIFY, That I attended deceased from 2-22 1924 to 2-23- 1924 that I last saw him alive on 2-22- 1924 and that death occurred, on the date stated above, at about 12:15 P.
The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
- Diabetic Coma -

(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? no. date of _____
Was there an autopsy? no.

What test confirmed diagnosis? Clinical Symptoms
Signed C. J. Jeffers M. D.
2-23- 1924 (Address) Williams, 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 <u>Garland Prairie</u>	DATE OF BURIAL <u>2-24-1924</u>
20. UNDERTAKER <u>J. J. Bullen</u>	ADDRESS <u>Williams, Ariz.</u>