2382

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 429
County Registrar's - No.
Local Registrar's - No.

PLACE OF DEATH

1. County Pima
District 12
Town or City Tucson
No. Arizona Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME James Edwin Stanley
(a) Residence. No. St., Ward Smith Mill, Minn
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 16 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 Emma H. Stanley
6. DATE OF BIRTH (month, day and year) Mar 11, 1881
7. AGE Years 43 Months 1 Days 13 IF LESS than 1 day ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(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) Fairbault, Minn

PARENTS

10. NAME OF FATHER Edwin Stanley
11. BIRTHPLACE OF FATHER (State or country) Glasco, Scotland (city or town)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (State or country) Taid Talbort Ohio (city or town)
14. Informant (Address) Mrs Emma Stanley
15. Filed 4/24/24 Dr A G Schudel Local Registrar.
Filed MAY 6 1924 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Apr 24 1924
17. I HEREBY CERTIFY, That I attended deceased from 4-17-24 ~~4-24~~, 1924 to 4-24, 1924
that I last saw him alive on April 24, 1924
and that death occurred, on the date stated above, at 3.45 A.
The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
(duration) 2 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.
18. Where was disease contracted if not at place of death? Minn.
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) Chas A Coleman, M. D.
4-24-24 19 (Address) 123 S Stone Ave

* 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 Fairbault, Minn.
DATE OF BURIAL Apr. 24 1924
20. UNDERTAKER Parker Grimshaw Co
ADDRESS Tucson, Ariz

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.