

271

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Marcopla
District No 3
Town or City Mesa

BUREAU OF VITAL STATISTICS

State Index - - - No. 258
County Registrar's - No. 987
Local Registrar's - No. 260

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME William O Jones
(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 Male 4. COLOR or RACE White 5. SINGLE, MARRIED WIDOWED or DIVORCED
(Write the word)

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

6. DATE OF BIRTH (month, day and year) Dec 14 1881

7. AGE Years: 42 Months: 6 Days: 4 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Ariz
(State or country)

10. NAME OF FATHER D. P. Jones

11. BIRTHPLACE OF FATHER Utah
(State or country)

12. MAIDEN NAME OF MOTHER Mary E. Merrill

13. BIRTHPLACE OF MOTHER Utah
(State or country)

14. Informant D. P. Jones
(Address) Mesa

15. Filed June 24 1924 H. L. McNeill Local Registrar.
Filed JUL 1 1924 HARRY J. FELCH M. County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June 18 1924
17. I HEREBY CERTIFY, That I investigated the death
of deceased, to June 20, 1924.

that I last saw h. _____ alive on _____, 19____
and that death occurred, on the date stated above, at 10 P. M.
The CAUSE OF DEATH was as follows:

Tuberculosis

(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?
(Signed) K. A. Fungberg, Barover M.D.

(Address) Mesa, 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 Mesa Cemetery DATE OF BURIAL June 20 1924

20. UNDERTAKER W. A. Burton ADDRESS Mesa

MARGIN RESERVED FOR BINDING. Every item of information should be written in plain terms, so that it can be read by anyone. USE OF DEATH IN PLAIN TERMS. See instructions on back of certificate. N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH EXACTLY. PHYSICIANS should state OCCUPATION in very important. Exact statement of OCCUPATION is very important. It may be properly classified. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. It may be properly classified.