2908

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 323
County Registrar's - No.
Local Registrar's - No.

MARGIN RESERVED FOR BINDING. 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.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH

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

2. FULL NAME: James Martin Ackey
(a) Residence. No. 1118 E. 7th St. 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. 1 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): Single.

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

6. DATE OF BIRTH (month, day and year) Oct. 16-1924

7. AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
X	1	16	

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

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

PARENTS
10. NAME OF FATHER Walter D. Ackey
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Calif.
12. MAIDEN NAME OF MOTHER Mildred Powers
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Ariz.

14. Informant: Mrs. W. D. Ackey
(Address) Tucson, Ariz.

15. Filed 12/4 1924 Filed JAN 10 1926 19, Local Registrar. County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Dec. 2nd 1924

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1924 to Dec 2, 1924
that I last saw him alive on Dec 2, 1924
and that death occurred, on the date stated above, at 7:15 P. m.
The CAUSE OF DEATH* was as follows:
Acute bronchitis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Congenital heart lesion
Failure of foramen ovale to close,
(duration) yrs. 1 mos. 16 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
(Signed) W. D. Norris, M. D.
12/4/1924 (Address) 9 E Pennington

* 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, Arizona
DATE OF BURIAL: Dec. 4 1924

20. UNDERTAKER: Reilly Undertaking Co.,
ADDRESS: Tucson, Arizona