ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 168
County Registrar's - No. 16
Local Registrar's - No. 2

PLACE OF DEATH

1. County Apache
District St Johns
Town or city St Johns No. _____ St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Daniel Pulsipher
(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 35 yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR or RACE W
5. ~~SINGLE~~, MARRIED, WIDOWED or DIVORCED (Write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elva Heap Pulsipher
6. DATE OF BIRTH (month, day and year) Aug 3-1882
7. AGE Years 42 Months 5 Days 23 IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer Own
9. BIRTHPLACE (city or town) (State or Country) Draper Utah
PARENTS
10. NAME OF FATHER David Pulsipher
11. BIRTHPLACE OF FATHER (city or town) Spafford (State or country) N.Y.
12. MAIDEN NAME OF MOTHER Elizabeth Jacobson
13. BIRTHPLACE OF MOTHER (city or town) Stavanger Norway (State or country) Norway
14. Informant (Address) Elva Pulsipher St Johns Ariz
15. Filed 7/5 1925 Martin Kersh Local Registrar.
Filed 2/9 1925 H.A. Nichols County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1/26 1925
17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1925 to Jan 26 1925
that I last saw him alive on Jan 26 1925
and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH* was as follows:
Uremia
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (secondary) Pneumonia
(duration) yrs. mos. 11 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? Symptoms & Analysis
Signed T. J. Bouldin M. D.
19 (Address) St Johns 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 St Johns Ariz
DATE OF BURIAL 1/27 1925
20. UNDERTAKER Neighbors
ADDRESS St Johns

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.