

1780

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 Pima  
District \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index - - - - No. 324

Town or City Tucson

ORIGINAL CERTIFICATE OF DEATH

County Registrar's - - No. \_\_\_\_\_  
Local Registrar's - - - No. 542

2. FULL NAME J. F. Knight

No. County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number).

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. ✓ mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR & RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married  
(Write the word)

16. DATE OF DEATH (month, day, and year) 10-27-1925

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of do not know about

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1925 to 10/28, 1925  
that I last saw him alive on 10/26, 1925

6. DATE OF BIRTH (month, day and year) 1870

and that death occurred, on the date stated above, at 6:30 a. m.  
The CAUSE OF DEATH<sup>2</sup> was as follows:

7. AGE Years 55 Months x Days + IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Cancer Liver.

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

duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

CONTRIBUTORY (Secondary) \_\_\_\_\_  
duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

10. NAME OF FATHER George Franklin Knight

18. Where was disease contracted if not at place of death? \_\_\_\_\_

11. BIRTHPLACE OF FATHER Texas  
(State or country) USA (city or town)

Did an operation precede death? No Date of \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Emma Jane Turnbow

Was there an autopsy? \_\_\_\_\_

13. BIRTHPLACE OF MOTHER Mississippi  
(State or country) USA (city or town)

What test confirmed diagnosis? Clinical  
(Signed) Chas. J. ... M. D.  
1075 S. ... (Address)

14. Informant County Hospital Nurse  
(Address) Tucson

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.)

15. Filed 10/28, 1925 Ed. G. Schuchler  
Local Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Evergreen Cem DATE OF BURIAL 10-28-1925

Filed \_\_\_\_\_, 19 \_\_\_\_\_  
V. S. No. 1 \_\_\_\_\_  
County Registrar.

20. UNDERTAKER Tucson Undertaking Co ADDRESS Tucson Ariz