

2352

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Pima Globe State: Arizona
District or Township: Globe or Village
City: Globe
Nov. Living Ranch near El Capitán
2. FULL NAME: Thomas A. Feagus
(a) Residence No. 8 St. Port Thomas Ariz.
Length of residence in city or town where death occurred - yrs. 6 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: Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): Dec 22
7. AGE: 90 Years Months Days IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED: Laborer
(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) (State or country): Missouri
10. NAME OF FATHER: Bryant Feagus
11. BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12. MAIDEN NAME OF MOTHER: Susan Bailey
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Dec. 9th 1925
17. I HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw h. alive on 19 and that death occurred, on the date stated above, at 5:30 P.M. The CAUSE OF DEATH was as follows: Natural Causes - old age
CONTRIBUTORY (Secondary) 10 Yrs. 4 mos. ds. (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) Jane Richardson, M.D. 19 (Address)

* 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.)

14. Informant: Savannah Feagus (Address) Drifting Springs Wash. Ariz.
15. Filled: 12-31-1925 W. W. Stone Registrar.
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Port Thomas, Ariz. DATE OF BURIAL: Dec. 10th 1925
20. UNDERTAKER: (Address) Globe, Ariz.

MARGIN RESERVED FOR BINDING
N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS 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.