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MARGIN RESERVED FOR BINDING. Every item of information should be carefully checked. This is a permanent record. Every item of information should be carefully checked. This is a permanent record. Every item of information should be carefully checked. This is a permanent record.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

1. County Yavapai District Prescott State Index - - - - No. 400  
Town or City U.S. Veterans' Hospital, No. Whipple, Arizona. County Registrar's - - No. 207  
Local Registrar's - - - No. 10 Ward 10  
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME James Prentice WILLIAMS, C-1, 166, 180  
(a) Residence. No. 518 West Columbia St., Oakland City, Indiana. Ward. 10  
(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. 0 mos. 23 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)		
Male	White	Single		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day and year) <u>October 30, 1895</u>				
7. AGE	Years	Months	Days	IF LESS than 1 day or min.
	30	1	19	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Bank Clerk</u>				
(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) <u>Indiana.</u>				
10. NAME OF FATHER <u>James W. Williams</u>				
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Indiana.</u>				
12. MAIDEN NAME OF MOTHER <u>Nancy Devault</u>				
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Indiana.</u>				
14. Informant (Address) <u>D. O. Ross, Registrar, Adm. Asst., Whipple, Ariz.</u>				
15. Filed <u>12/30/25</u> Local Registrar. Filed <u>12/30/25</u> County Registrar.				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (month, day, and year)	<u>Dec. 19 1925.</u>
17. I HEREBY CERTIFY, That I attended deceased from <u>November 26 1924</u> to <u>December 19 1925</u> , that I last saw him alive on <u>December 19 1925</u> and that death occurred, on the date stated above, at <u>10:25 P.</u> The CAUSE OF DEATH* was as follows: <u>1. Tuberculosis, pulmonary, chronic, active. Far advanced "C". 2. Broncho-pneumonia.</u> <u>1. 1 yr. 2 mos. 2. 0 yrs. 2 mos. 3. 0 yrs. 2 mos.</u> <u>1. Hydro-pneumothorax, left; 2. Spontaneous CONTRIBUTORY pneumothorax. 3. Tbc. of larynx.</u> (Secondary) <u>1-3 months. 2--6 months. 3--9 months.</u> (duration) yrs. mos. ds.	
18. Where was disease contracted if not at place of death? <u>in service.</u>	
Did an operation precede death? <u>NO.</u> Date of _____	
Was there an autopsy? <u>Physical findings &amp; laboratory tests.</u>	
(Signed) <u>D. O. Ross, Acting Med. Off. in Chg.</u> 12/19/25. <u>Whipple, Ariz.</u> (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.)	
19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
<u>Oakland City, Ind.</u>	<u>Dec. 21, 1925</u>
20. UNDERTAKER	ADDRESS
<u>Lester Ruffner</u>	<u>Prescott, Ariz</u>