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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.

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

1. PLACE OF DEATH  
 County Pima State Arizona State File No. 4340  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Upp No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_

2. FULL NAME Sone Jackson  
 (a) Residence No. Alpierrez St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred yrs. 4 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 White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single  
 (Write the word)

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

6. DATE OF BIRTH (month, day and year) Feb. 11, 1927

7. AGE Years \_\_\_\_\_ Months 11 Days 10 IF LESS than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

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

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

10. NAME OF FATHER Hardy James Jackson

11. BIRTHPLACE OF FATHER Franklin County (State or country) Mississippi

12. MAIDEN NAME OF MOTHER Lily May Mills

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1928 to Jan. 21, 1928, that I last saw her alive on Jan. 21, 1928 and that death occurred, on the date stated above, at 2:00 p.m. The CAUSE OF DEATH\* was as follows:  
Scarlet fever and enteritis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

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

18. Where was disease contracted \_\_\_\_\_ If not at place of death? No  
 Did an operation precede death? No Date of \_\_\_\_\_  
 Was there an autopsy? No  
 What test confirmed diagnosis? Clinical symptoms  
 (Signed) H. D. Atwood M. D.  
Jan. 21, 1928 (Address) Upp, 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.)

14. Informant Hardy James Jackson (Address) Upp, Ariz.

15. Filed Feb 5, 1928 John S. Wood Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Upp DATE OF BURIAL Jan 21

20. UNDERTAKER Family ADDRESS Upp Ariz