

1272

MARGIN RESERVED FOR BINDING. 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: Globe State: Arizona State File No. 107  
District or Township: Globe or Village: \_\_\_\_\_ Registered No. 30  
City: Globe No. 830 North Dutherland St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number).  
2. FULL NAME: Joseph Franklin Feagur  
(a) Residence, No. 830 North Dutherland 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 2 yrs. 7 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 + Mex 5. SINGLE, MARRIED, WIDOWED or DIVORCED: \_\_\_\_\_  
(Write the word)  
5a. If married, widowed, or divorced: \_\_\_\_\_  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day and year): Jan. 30 1925  
7. AGE: Years: 3 Months: \_\_\_\_\_ Days: \_\_\_\_\_ IF LESS than 1 day: \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
8. OCCUPATION OF DECEASED  
(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): Dos Cabezas (State or country): Arizona  
10. NAME OF FATHER: John Franklin Feagur  
11. BIRTHPLACE OF FATHER: Kingston (city or town): \_\_\_\_\_ (State or country): New Mexico  
12. MAIDEN NAME OF MOTHER: Concha Yindiola  
13. BIRTHPLACE OF MOTHER: Dos Cabezas (city or town): \_\_\_\_\_ (State or country): Arizona  
14. Informant: John F. Feagur (Address): Globe, Arizona  
15. Filed: 2/10 1928 G. E. Wightman Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Feb. 25 1928  
Month Day Year  
17. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1928 to Feb. 25, 1928, that I last saw him alive on Feb. 25, 1928, and that death occurred, on the date stated above, 06:17 P. M. The CAUSE OF DEATH\* was as follows:  
Primary Bronchopneumonia of both lungs  
(duration) yrs. mos. 14 ds.  
CONTRIBUTORY (Secondary) \_\_\_\_\_ (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? Clinical Exam  
(Signed) C. W. Adams M. D. (Address) Globe, Ariz.  
Feb 27 1928  
\* 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: Globe Cemetery DATE OF BURIAL: 2/27/28  
20. UNDERTAKER: Jones Funeral Home ADDRESS: Globe, Ariz.