2315

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 97123

Registered No.

1. PLACE OF DEATH.

County Gila State Arizona

District or Township Globe or Village or

City Globe No. 830 North Sutherland St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Jesse Teague

(a) Residence. No. 830 North Sutherland 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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

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) 9-23-28

7. AGE: Years —; Months —; Days 2; IF LESS than 1 day hrs. or 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 Globe

9. BIRTHPLACE (city or town) Globe (State or country) Ariz.

PARENTS

10. NAME OF FATHER J. D. Teague

11. BIRTHPLACE OF FATHER Kingston (city or town) (State or country) New Mexico

12. MAIDEN NAME OF MOTHER Concha Zigdiola

13. BIRTHPLACE OF MOTHER Dos Cabezas (city or town) (State or country) Ariz.

14. Informant J. D. Teague

(Address) Globe Ariz.

15. Filed Oct. 11, 1928 F. E. Wyllys Registrar.

3 22669

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 25th 1928 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/23, 1928 to 9/25, 1928, that I last saw him alive on 9/25, 1928, and that death occurred, on the date stated above, at 11:30 a.m. The CAUSE OF DEATH* was as follows:

prematurity (8 mo. Baby)

(duration) yrs. mos. 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? Physical Examination

(Signed) H. C. Harper, M. D.

19 (Address) Globe 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.)

19. PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Globe Cemetery

DATE OF BURIAL 9-26-28

20. UNDERTAKER ~~Jones Funeral Home~~ None

ADDRESS Globe, Ariz.