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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.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. _____

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No. _____

Township _____ or Village _____

City Wickenburg No. Wickenburg Hospital, Inc St. _____ Ward _____

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

Length of residence in city or town where death occurred 4 yrs. 4 mos. 2 ds. How long in U. S. if of foreign birth? 5 yrs. 5 mos. 2 ds.

2. FULL NAME JAKE BRANTLEY KINGSLEY How long in State when death occurred? 5 yrs. 5 mos. 2 ds.

(a) Residence: No. Wickenburg, Arizona St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of R. L. KINGSLEY

6. DATE OF BIRTH (month, day, and year) July 25, 1890

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	<u>47</u>	<u>19</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or Country) Mississippi

13. NAME D. W. KINGSLEY

14. BIRTHPLACE (city or town) (State or Country) Alabama

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or Country) _____

17. INFORMANT MRS. KINGSLEY (Address) Wickenburg, Ariz

18. BURIAL, CREMATION, OR REMOVAL Place Wickenburg Date 5-6-38 1938

19. EMBALMER { License No. 188-A Signature H. L. Coffinger FUNERAL DIRECTOR H. L. COFFINGER Address Wickenburg, Arizona

20. Filed 5-6-38, 1938 Registrar H. L. Coffinger

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1938 to May 4, 1938

I last saw him alive on 5/4/38 1938; death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows: Generalized Peritonitis, abscessed liver, multiple intra-abdominal abscesses, peri-nephritis, abscess of the pharynx, abscess

Date of Onset _____

Other contributory causes of importance: Small intestine ruptured appendix 2/19/38, 2/20/38, 3/9/38, 5/3/38

Name of operating physician Dr. J. B. Brallian Date of _____

What test confirmed diagnosis None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Lloyd B. Brallian M. D. (Address) Wickenburg