9 140

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No.
County Registrar's - - No. 97
Local Registrar's - - - No.

PLACE OF DEATH

1. County Greenlee
District Duncan
Town or City Duncan, Ariz. No. ..... St., ..... Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME Tom L. Jones

(a) Residence. No. ..... Duncan, Arizona 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 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

187

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of On information

6. DATE OF BIRTH (month, day and year) 5/17/, 1875

| 7. AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| 63 | | | | |

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

9. BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10. NAME OF FATHER No information
11. BIRTHPLACE OF FATHER ..... (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER No information
13. BIRTHPLACE OF MOTHER ..... (city or town)
(State or country)

14. Informant George A. Hunt
(Address)

15. Filed 8-22, 19 38 Eugene Romney Local Registrar.
Filed ....., 19 ..... County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 8/20/38 19

17. I HEREBY CERTIFY, That I attended deceased from 8/21/38, 19 to 8/21/38, 19,
that I last saw him alive on did not see him alive, 19,
and that death occurred, on the date stated above, at about m.
The CAUSE OF DEATH* was as follows: 9 PM.

Accidental strangulation

a few minutes (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Karl L. Fife M. D.
8-21 1938 (Address) Duncan 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
Duncan

DATE OF BURIAL
Aug 22 1938

20. UNDERTAKER
None. Friends

ADDRESS

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.

MARGIN RESERVED FOR BINDING