1665

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 455
Registrar's No. 3

1. Place of Death: (a) County Pinal (b) City or Town Florence (If outside city limits also write RURAL) (c) Location Pinal County Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution I Month I5 Day In Community 5 years (Specify whether years, months or days); In Arizona 5years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pinal (c) City or Town Rural (If outside city limits also write RURAL)

(d) Street No. —

3. (a) FULL NAME David Jackson Jr. (b) If veteran, name war no; (c) If foreign born, in U. S. A. no yrs.; (c) Social Security No. none (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced	6. (b) Name of husband or wife	6. (c) Age of husband or wife, if alive
male	white	single	none	— yrs.

7. Birthdate of deceased Sept. 27 I927 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
I3	3	I6	hrs. ..... min. .....

9. Birthplace Muldrow, Olka. (City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business none

Father
12. Name Cord Jackson
13. Birthplace Hollywood, Alabama (City, town or county) (State or Country)

Mother
14. Maiden Name Zona Keeney
15. Birthplace Oktha, Olka. (City, town or county) (State or Country)

16. (a) Informant's own signature Cord Jackson
(b) Address Coolidge, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Florence, Ariz. (c) Date Jan. I4, 19 4I

18. (a) Embalmer's Signature Walton H. Cole
(b) Funeral Director Martin Mortuary
(c) Address Florence, Arizona

19. (a) Feb 9, 1941 (Date received local Registrar)
(b) R. A. Martin (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. I3, 19 4I;
TIME (Hour and minute) ..... A.M. P.M.

21. I hereby certify that I attended the deceased from Dec. 11. 40, 19..., to 1-13-41, 19...; that I last saw h. alive on 1-12-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Infection + Tuberculosis of gun. shot wound
Due to 1 Dy.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence Dec. 11-40
(c) Where did injury occur? Pinal County Ariz. (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? No (e) Means of injury Gun shot wound

23. Signature J. H. Stewart M.D. M. D.
Address Florence Ariz. Date signed 1-13-41