4346

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 200
Registrar's No. 198

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location 914 N. McKinley St. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution none; In Community 9 mos (Specify whether years, months or days); In Arizona 3 years

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

(d) Street No. 914 N. McKinley St; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Edith Irene Jamison (b) If veteran name war Other (c) Social Security No. 527-14-1497 (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
F	White	Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased 10-10-1921 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
19	8	2	hrs. min.

9. Birthplace Bellevue Texas (City, town or county) (State or Country)

10. Usual Occupation Student

11. Industry or Business School

Father { 12. Name Ed Jamison
13. Birthplace Mo (City, town or county) (State or Country)

Mother { 14. Maiden Name Mellie B. Ellis
15. Birthplace Texas (City, town or county) (State or Country)

16. (a) Informant's own signature J. S. Jamison
(b) Address Globe Az

17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date 6-17-1941

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director Maricopa Chapel
(c) Address [illegible]

19. (a) JUN 14 1941 (Date received by local Registrar)
(b) John Chiavetta, M.D. (Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 6-12-1941; TIME (Hour and minute) 10 a.m. M.

21. I hereby certify that I attended the deceased from Observed at Morgue, 19; that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot Wound of Chest.

DURATION Immediate Death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Suicide (Coroner's inquest)
(b) Date of occurrence June 12, 1941
(c) Where did injury occur? Phoenix (City or Town) Maricopa (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At friends home. (Specify type of place)
While at work? (e) Means of injury Pistol

23. Signature O. O. Williams M.D.
Address Phoenix Ariz Date signed June 12, 1941