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Judge Bird

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 42
Registrar's No.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 734 So. Macdonald
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution home; In Community 4 yrs.; In Arizona 4 yrs.
(Specify whether years, months or days)

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

(d) Street No. 734 So. Macdonald (e) Citizen of foreign country (Yes or No) No
If Yes, which country

(b) If Veteran name war (c) Social Security No. Unknown

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3. (a) FULL NAME Joe Jack Thomas

4. Sex: Male

5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Ollie Thomas

6. (c) Age of husband or wife, if alive: 35 yrs.

7. Birthdate of deceased: Jan. 8, 1889 (Month) (Day) (Year)

8. AGE: Years 56 | Months 2 | Days 16 | If less than one day hrs. min.

9. Birthplace: Murretta, Oklahoma (City, town or county) (State or Country)

10. Usual Occupation: Laborer

11. Industry or Business: Miscellaneous

Father
12. Name: George W. Thomas
13. Birthplace: Oklahoma (City, town or county) (State or Country)

Mother
14. Maiden Name: Anna McClure
15. Birthplace: Oklahoma (City, town or county) (State or Country)

16. (a) Informant's own signature: Ollie Thomas
(b) Address: Mesa, Arizona

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Mesa, Ariz. (c) Date 3-29-45 19

18. (a) Embalmer's Signature: A M Daylell
(b) Funeral Director: Meldrum Mortuary
(c) Address: Mesa, Arizona

19. (a) March 29 1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 24, 19 45;
TIME (Hour and minute) 8 P. M.

21. I hereby certify that I attended the deceased from ..., 19..; to ..., 19..;
that I last saw him alive on Did Not see alive
and that death occurred on the date and hour stated above.

Immediate cause of death: Shotgun wounds in thoracic cavity.

Due to:

Due to:

Other conditions (Include pregnancy within three months of death): None

Major findings: Of operations: None

Of autopsy: No

DURATION: Immed.

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): Justifiable homicide.
(b) Date of occurrence: March 24, 1945
(c) Where did injury occur? Mesa, Maricopa, Ariz. (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home (Specify type of place)
While at work? No (e) Means of injury Gun wounds

23. Signature [signature] JUSTICE OF PEACE M. D.
Address Mesa, Arizona Date signed 3-28-45

See Verdict over. →

40M—100% Rag—6-10-44