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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

223

State File No.
Registrar's No. 23

1. Place of Death: (a) County Maricopa (b) City or Town Tempe (If outside city limits also write RURAL) (c) Location Riverbottom (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community unk (Specify whether years, months or days) ; In Arizona 63 yrs

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Phoenix (If outside city limits also write RURAL)
(d) Street No. 1322 W. Washington ; (e) Citizen of foreign country (Yes or No) If Yes, which country
3. (a) FULL NAME JESSE FRANKLIN HOLMES (b) If Veteran name war (c) Social Security No.

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive yrs.
7. Birthdate of deceased April 2, 1884 (Month) (Day) (Year)
8. AGE: Years 63 Months 1 Days 15 If less than one day hrs. min.
9. Birthplace Phoenix, Ariz. (City, town or county) (State or Country)
10. Usual Occupation Salesman
11. Industry or Business
Father 12. Name William Roberts
13. Birthplace Unknown (City, town or county) (State or Country)
Mother 14. Maiden Name Ida Martha Davis
15. Birthplace Denton Co. Texas (City, town or county) (State or Country)
16. (a) Informant's own signature George Holmes
(b) Address 1937 E. Van Buren, Phoenix, Ariz.
17. (a) Burial, Cremation or Removal Cremation
(b) Place Phoenix, Ariz. (c) Date May 23 1947
18. (a) Embalmer's Signature [signature]
(b) Funeral Director Carr Mortuary
(c) Address Tempe, Ariz.
19. (a) 5/28/47 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5-17-, 1947
TIME (Hour and minute) uncertain M.
21. ~~I hereby certify that I attended the deceased from~~ I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED at Mortuary, 19 to , 19 ; ~~that I last saw him alive~~ on 5-20-, 1947 and that death occurred on the date and hour stated above.
Immediate cause of death hemorrhage of + destruction of brain substance
Due to Gunshot head
Due to Gunshot wound-self inflicted
R. L. McDonald
Other conditions R. L. McDonald-Coronor (Include pregnancy within three 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) see Coroners report
(b) Date of occurrence 5-17-47
(c) Where did injury occur? near Tempe (City or Town) Mar. (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? near highway (Specify type of place)
While at work? no (e) Means of injury Gunshot
23. Signature O. C. West M. D.
Address O. C. WEST, M. D. MEDICAL EXAMINER COUNTY ATTORNEY'S OFFICE MARICOPA COUNTY, ARIZONA Date signed 5-20-47

40M—100% Rag—6-45