

103

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Greenlee

BUREAU OF VITAL STATISTICS

State Index No. 450

District Metall
Town Metall
Or City

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 89
Local Registrar's No. 83

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME James Andrew Smith

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~ ~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~

DATE OF DEATH May 2nd 1914
(Month) (Day) (Year)

DATE OF BIRTH March 19th 1867
(Month) (Day) (Year)

I hereby certify, that I attended deceased from _____
191_____ to _____ 191_____ ; that I last saw h_____ alive

AGE 46 yrs. 1 mos. 13 days If less than 1 day _____ hrs., or _____ min.

on _____ 191_____, and that death occurred on the date

OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed or (employer) Rancher and horse raiser

Death was as follows: pistol shot fired from the hands of C. J. Paddock
(Homicide)

BIRTHPLACE (State or country) State Utah

(Duration) _____ yrs. _____ mos. _____ days

NAME OF FATHER John W. Smith

Was disease contracted in Arizona? 35 H

BIRTHPLACE OF FATHER (State or country) Tennessee

CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days

MAIDEN NAME OF MOTHER Ronna Hilberth

(Signed) W. F. Purus, Coroner Metall Arizona
May 4th 1914 (Address) Metall Arizona

BIRTHPLACE OF MOTHER (State or country) Tennessee

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. M. Smith

LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

(Address) Shelton Arizona

Former or Usual Residence _____

PLACE OF BURIAL, OR REMOVAL Franklin Ariz DATE OF BURIAL, OR REMOVAL May 3rd 1914

Filed May 4th 1914 W. F. Purus Local Registrar

UNDERTAKER C. F. Purus ADDRESS Clifton Arizona

Filed 6-5 1914 W. F. Purus County Registrar

FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it AGE should be stated EXACTLY. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.