1907

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~806~~

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 169

Local Registrar's No. 53

PLACE OF DEATH

County Cochise

District Douglas

Town Or City Douglas

No. 850 13 St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Burton Jesse Daly

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort to obtain all information. Certificate will be returned for correction.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

Color or Race: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: Sept 11 1873 ~~191~~
(Month) (Day) (Year)

AGE: 41 yrs. 8 mos. 11 days. If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Steward
(b) General nature of industry, business, or establishment in which employed or (employer): Hotel

BIRTHPLACE (State or country): Ill

PARENTS
- NAME OF FATHER: Jesse D Daly
- BIRTHPLACE OF FATHER (State or country): Ill
- MAIDEN NAME OF MOTHER: Mary A. Wooklan
- BIRTHPLACE OF MOTHER (State or country): N York

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary D Daly

(Address) Los Angeles

PLACE OF BURIAL OR REMOVAL: Los Angeles

DATE OF BURIAL OR REMOVAL: May 23 19 15

UNDERTAKER: A. A Yeager

ADDRESS: Douglas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 22 191 5
(Month) (Day) (Year)

I hereby certify, that I attended deceased from May 17 191 5 to May 22 191 5; that I last saw h Live alive on May 22 191 5, and that death occurred on the date stated above at 2 A. M. The DISEASE or INJURY causing Death was as follows:

Lobar Pneumonia.

(Duration) ..... yrs. ..... mos. 5 days

Was disease contracted in Arizona? Yes

If not, where? .....

CONTRIBUTORY .....

(Duration) ..... yrs. ..... mos. ..... days

(Signed) J J Plumbing

5 22 191 5 (Address) .....

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

LENGTH OF RESIDENCE

At place of death ..... yrs. 9 mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence Cal

Filed 5 22 1915 Walgrave
Local Registrar

Filed 5/25 1915 C B Patton
County Registrar