

400114

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1. County Graham State Index - - No. 103
 District Central of Gm County Registrar's No. 58
 Town Coconino ORIGINAL CERTIFICATE OF DEATH Local Registrar's - No. 58
 or City No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME James Dixon Webb
 (a) Residence. No. Central Ariz. St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4 COLOR or RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) <u>Married</u>		16. DATE OF DEATH (month, day, and year) <u>June 7 1927</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Iva Hannah Webb</u> (or) WIFE of _____				17. I HEREBY CERTIFY, That I attended deceased from <u>6/7</u> , 19 <u>27</u> to <u>6/7</u> , 19 <u>27</u> that I last saw him alive on <u>6/7</u> , 19 <u>27</u> , and that death occurred, on the date stated above, at <u>3 P.m.</u> The CAUSE OF DEATH* was as follows: <u>Heart failure (mitral insufficiency)</u>	
6. DATE OF BIRTH (month, day and year) <u>May 17 1855</u>					
7. AGE		Years	Months	Days	if LESS than 1 day... hrs. or... min.
		<u>74</u>	<u>X</u>	<u>20</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					
9. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
10. NAME OF FATHER <u>Chas. Y. Webb</u>					
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>unknown</u>					
12. MAIDEN NAME OF MOTHER <u>Margaret Allen</u>					
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Penn.</u>					
PARENTS					
14. Informant (Address) <u>Richard Q. Webb</u>					
15. Filed <u>July 8, 1927</u> <u>J. H. Stallon</u> Registrar V. S. No. 1 <u>H.B.</u>					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Central Ariz</u>			DATE OF BURIAL <u>June 9 1927</u>		
20. UNDERTAKER <u>H. C. Rawson</u>			ADDRESS <u>Safford</u>		

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)