1 PLACE OF DEATH

COUNTY OF ESMERALDA

TOWN OF Alkali Hot Springs

OR

CITY OF .....

(No. ..... St. ..... Ward)

NEVADA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

DUPLICATE CERTIFICATE OF DEATH

State Index No. .....

LOCAL REGISTERED NO. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.)

2 Full Name John B. Saccoe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 If married, Widowed or Divorced (Write the word): Single

6 DATE OF BIRTH: Unknown (Month) (Day) (Year)

7 AGE: 44 yrs. ... mos. ... da. If LESS than 1 day, ... hrs. or ... min.

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

9 BIRTHPLACE (State or country): Italy

PARENTS

10 NAME OF FATHER: Nicholas Saccoe

11 BIRTHPLACE OF FATHER (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Italy

13a LENGTH OF RESIDENCE
At place of death: 15 years ... months
In Nevada: 20 years ... months

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Antone F. Rivetto
(Address) Bonapart Ner.

15
Filed 7/26 1917 J. Flaherty Subregistrar.
Filed ..... 191... Registrar or Deputy.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 22 (Month) (Day) 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 191... to ..... 191...
that I last saw h... alive on June 22 1917
and that death occurred on the date stated above at 10.40 A.M.
The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ... yrs. ... mos. ... da.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... da.

(Signed) J. Flaherty M. D.
June 22 1917 (Address) Goodsprings

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL: Bonapart

DATE OF BURIAL: ..... 191...

20 UNDERTAKER: Shamanph

ADDRESS: Bonapart