

2673

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in Plain terms, if it may be properly classified. If any item cannot be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

# Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

97

PLACE OF DEATH

COUNTY Greenlee

DISTRICT Bureau

TOWN OR CITY \_\_\_\_\_ NO. \_\_\_\_\_ ST. LOCAL REGISTRAR'S NO. 1

ORIGINAL CERTIFICATE OF DEATH

TERRITORIAL INDEX NO. 89

COUNTY REGISTERED NO. \_\_\_\_\_

FULL NAME William Callaway Sanders

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR or RACE White  Indian  Black  Chinese  Mexican  SINGLE  MARRIED  WIDOWED  or DIVORCED

DATE OF BIRTH June 1st 1910  
(Month) (Day) (Year)

AGE 1 yrs. 6 mos. 24 days If less than 1 day \_\_\_\_\_ hrs., or \_\_\_\_\_ min.

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

BIRTHPLACE (State or country) Arizona

PARENTS  
NAME OF FATHER Wm Thomas Sanders  
BIRTHPLACE OF FATHER (State or country) Texas  
MAIDEN NAME OF MOTHER Pheba Freeman  
BIRTHPLACE OF MOTHER (State or country) Idaho

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Maggie Sanders  
(Address) Bureau 77

PLACE OF BURIAL OR REMOVAL At Home DATE OF BURIAL OR REMOVAL Jan 26 1912

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25th 1912  
(Month) (Day) (Year)

I hereby certify that I attended deceased from 7 AM Jan 25 1912 to 10 AM Jan 25 1912; that I last saw him alive on Jan 25 1912 and that death occurred on the date stated above at 10 A M. The DISEASE or INJURY causing Death was as follows: Diphtheria

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 9 days

Was disease contracted in Arizona? Yes

If not, where \_\_\_\_\_

CONTRIBUTORY \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) A. B. Riley M. D.  
Jan 26, 1912 (Address) Bureau 97

\*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. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In Arizona \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Former or Usual Residence \_\_\_\_\_

Filed Jan 26 1912 John Evans Local Registrar  
2/3 1912 Law Butch County Registrar.