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If any item can not be obtained insert the word "unknown." Make every effort possible to secure this info. its informant Incorrect certificates be returned for correction.

PLACE OF DEATH		ARIZONA Territorial Board of Health	
County of <u>Mohave</u>		BUREAU OF VITAL STATISTICS <b>333</b>	
District of _____		ORIGINAL CERTIFICATE OF DEATH <b>126</b>	
Town of <u>Kingman</u>		Ter. Index No. _____	
or City of _____		County Registered No. <u>29</u>	
(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")		St. _____ Ward. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
FULL NAME <u>John Hughes</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
LENGTH OF RESIDENCE		DATE OF DEATH	
At Place of Death <u>3</u> yrs _____ mos.		<u>Oct.</u> <u>6</u> , 19 <u>10</u>	
In Arizona <u>20</u> yrs _____ mos.		(month) (day) (year)	
SEX <u>M</u>		I hereby certify, That I attended deceased <sup>at his residence</sup> from <u>April 7</u> , 19 <u>10</u> to <u>Oct. 6</u> , 19 <u>10</u>	
COLOR OR RACE <u>White</u>		that I last saw him alive on <u>Oct. 6</u> , 19 <u>10</u> ,	
<del>Black</del>		and that death occurred on the date stated above at <u>8:45</u> A.M.	
<del>Indian</del>		The DISEASE or INJURY causing DEATH was as follows;	
<del>Mexican</del>		<u>Organic heart disease</u>	
DATE OF BIRTH <u>June</u> , 18 <u>35</u>		Where contracted <u>Arizona</u> Duration <u>Years</u>	
(month) (day) (year)		Contributing cause (if any) <u>Rheumatism and chronic nephritis</u>	
AGE <u>75</u> years <u>4</u> months _____ days		Where contracted <u>Arizona</u> Duration <u>Years</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED		(Signed) <u>Albert H. Tilton</u> M.D.	
BIRTHPLACE (State or foreign country) <u>Ireland</u>		<u>Oct. 6</u> 19 <u>10</u> Address <u>Kingman, Ariz.</u>	
OCCUPATION <u>Blacksmith</u>		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
NAME OF FATHER <u>unknown</u>		Former or Usual residence _____ How long at _____ Place of Death _____ Days	
BIRTHPLACE OF FATHER (State or foreign country) <u>Ireland</u>		Place of burial or removal <u>Kingman</u> Date of burial or removal <u>Oct 9</u> , 19 <u>10</u>	
MAIDEN NAME OF MOTHER <u>unknown</u>		Undertaker <u>C. R. Vanmeter</u> Address <u>Kingman</u>	
BIRTHPLACE OF MOTHER (State or foreign county) <u>Ireland</u>		Filed <u>Oct 6</u> , 19 <u>10</u> <u>W. T. Smith</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF		Filed <u>Oct 15</u> , 19 <u>10</u> <u>John R. Peterson</u>	
Informant) <u>Wesley H. Smith</u>			
(Address) <u>Kingman Ariz</u>			