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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classed. 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

## ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

COUNTY Pinal

DISTRICT \_\_\_\_\_

TOWN OR CITY Casa Grande

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

TERRITORIAL INDEX NO. 572

COUNTY REGISTERED NO. 41

ST. LOCAL REGISTRAR'S NO. \_\_\_\_\_

FULL NAME Daniel Sharp Weaver

| PERSONAL AND STATISTICAL PARTICULARS.   |   |                                       |
|---|---|---------------------------------------|
| SEX<br><u>Male</u>  | COLOR or RACE<br>White Indian<br>Black Chinese<br>Mexican     | SINGLE MARRIED<br>WIDOWED or DIVORCED |
| DATE OF BIRTH<br><u>Oct 25 1884</u><br>(Month) (Day) (Year)   |   |                                       |
| AGE<br><u>17</u> yrs. <u>6</u> mos. _____ days hrs., or _____ min.  |   |                                       |
| OCCUPATION<br>(a) Trade, profession or particular kind of work.<br>(b) General nature of industry, business, or establishment in which employed (or employer).<br><u>Farmer</u> |   |                                       |
| BIRTHPLACE<br>(State or country)<br><u>Chotauga New York</u>  |   |                                       |
| PARENTS   | NAME OF FATHER<br><u>Caleb Weaver</u>                         |                                       |
|   | BIRTHPLACE OF FATHER<br>(State or country)<br><u>New York</u> |                                       |
|   | MAIDEN NAME OF MOTHER<br><u>Matilda Madison</u>               |                                       |
|   | BIRTHPLACE OF MOTHER<br>(State or country)<br><u>New York</u> |                                       |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   |   |                                       |
| (Informant) <u>Mrs Dan Weaver</u>   |   |                                       |
| (Address) <u>Casa Grande</u>  |   |                                       |
| PLACE OF BURIAL OR REMOVAL<br><u>Casa Grande</u>  | DATE OF BURIAL OR REMOVAL<br><u>April 29 1912</u>             |                                       |
| UNDERTAKER<br><u>D. D. Martin</u>   | ADDRESS<br><u>Florence</u>                                    |                                       |

| MEDICAL CERTIFICATE OF DEATH  |   |  |
|---|---|--|
| DATE OF DEATH<br><u>April 27 1912</u><br>(Month) (Day) (Year)   | I hereby certify, that I attended deceased from _____ |  |
| 191... to _____ 191...; that I last saw h... alive on _____ 191... and that death occurred on the date stated above at <u>9 PM</u> The DISEASE or INJURY causing Death was as follows:<br><u>Intestinal Obstruction</u> |   |  |
| (Duration) <u>1</u> yrs. <u>6</u> mos. _____ days   |   |  |
| Was disease contracted in Arizona? <u>yes</u>   |   |  |
| If not, where? _____  |   |  |
| CONTRIBUTORY<br>(Duration) _____ yrs. _____ mos. _____ days   |   |  |
| (Signed) <u>John P. Plotts</u> M.D.<br><u>Local Registrar</u>   |   |  |
| *In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  |   |  |
| LENGTH OF RESIDENCE<br>At place of death <u>12</u> yrs. _____ mos. _____ ds. In Arizona <u>12</u> yrs. <u>6</u> mos. _____ ds.  |   |  |
| Former or Usual Residence <u>N. Dakota</u>  |   |  |
| Filed _____ 191... <u>A. J. Plotts</u> Local Registrar  |   |  |
| Filed <u>5/10</u> 191... <u>John P. Plotts</u> County Registrar   |   |  |