

2268

may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH  
County Greenlee  
District \_\_\_\_\_  
Town Mitcalf  
Or City \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 141 State Index No. 897  
ORIGINAL CERTIFICATE OF DEATH County Registered No. 238  
Local Registrar's No. 84

No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)  
FULL NAME William Anthony Schaffer

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>January</u> 191 <u>4</u> (Month) (Day) (Year)		
AGE <u>39</u> yrs. mos. days   If less than 1 day, hrs., or min.		
OCCUPATION (a) Trade, profession or particular kind of work. <u>Mining Engineer</u> (b) General nature of industry, business, or establishment in which employed or (employer).		
BIRTHPLACE (State or country) <u>Unknown</u>		
NAME OF FATHER <u>Unknown</u>		
BIRTHPLACE OF FATHER (State or country) <u>Unknown</u>		
MAIDEN NAME OF MOTHER <u>Unknown</u>		
BIRTHPLACE OF MOTHER (State or county) <u>Unknown</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>G. D. Collins</u> (Address) <u>Mitcalf, Ariz.</u>		
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL <u>Aug 13</u> 191 <u>3</u>	
UNDERTAKER <u>L. F. Pascoe</u>	ADDRESS <u>Clifton</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13 1913  
(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 4 P.M. The DISEASE or INJURY causing Death was as follows:  
Fall from car on Colorado Avenue and Mitcalf  
Highway  
Block  
Was disease contracted in Arizona? \_\_\_\_\_  
If not, where? \_\_\_\_\_  
CONTRIBUTORY 35 \$10  
(Duration... yrs. mos. da)  
(Sign) Alfred  
August 3 1913 (Address) Mitcalf  
\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE  
At place of death 2 yrs. 9 mos. ... ds. In Arizona ... yrs. ... mos. ... ds.  
Former or Usual Residence Unknown

Filed 8-14 1913 W. F. Pascoe  
County Registrar  
Filed 9-20 W. F. Pascoe  
County Registrar