

7572

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH 709

County Graham
District _____
Town _____
Or City _____

BUREAU OF VITAL STATISTICS

State Index No. _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 16
Local Registrar's No. 12

No. _____ St. _____
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME

Frank

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Boy | Color or Race White | SINGLE MARRIED
White Indian | MARRIED
Black Chinese | WIDOWED
Mexican | or DIVORCED

DATE OF DEATH 3-28-1914
(Month) (Day) (Year)

DATE OF BIRTH 3-23-1914
(Month) (Day) (Year)

I hereby certify, that I attended deceased from _____
191... to ... 191...; that I last saw h... alive
on 3/23-1914 and that death occurred on the date
stated above at ... M. The DISEASE or INJURY causing Death
was as follows: _____

AGE _____ If less than 1 day, _____
yrs. mos. days | hrs. or min. 5

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) Graham

Was disease contracted in Arizona? _____
If not, where? _____
CONTRIBUTORY _____
(Duration) yrs. mos. days _____
(Signed) [Signature]
_____ 191... (Address) _____

NAME OF FATHER Geo Frank

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Anna Lewis

BIRTHPLACE OF MOTHER (State or county) Miss

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(Address) _____

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL OR REMOVAL _____ 19...
UNDERTAKER _____ ADDRESS _____

LENGTH OF RESIDENCE
At place of death... yrs... mos... ds. In Arizona... yrs... mos... ds.
Former or Usual Residence _____
Filed 5/5 191... Mrs. W. D. French
Local Registrar
Filed 5/9 191... R. C. [Signature]
County Registrar