

1627

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it 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

ARIZONA STATE BOARD OF HEALTH

763

County Marcopa  
District No 3  
Town May Roosevelt  
Or City Mesa

BUREAU OF VITAL STATISTICS

State Index No. 356

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 356

Local Registrar's No. \_\_\_\_\_

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

FULL NAME Noah Glean Openshaw

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Mar 14 1914  
(Month) (Day) (Year)

DATE OF BIRTH Dec 25 1903  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Mar 14 1914 to Mar 14 1914; that I last saw him alive on Mar 14 1914 and that death occurred on the date stated above at 1:30 P.M. The DISEASE or INJURY causing Death was as follows: Drowned in Salt River

AGE 10 yrs. 2 mos. 20 days If less than 1 day..... hrs., or.....min.

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

Was disease contracted in Arizona? 35 J  
If not, where? \_\_\_\_\_

BIRTHPLACE (State or country) Ariz

NAME OF FATHER E C Openshaw

BIRTHPLACE OF FATHER (State or country) Utah

MAIDEN NAME OF MOTHER Medora Brindley

BIRTHPLACE OF MOTHER (State or county) Idaho

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. C. Openshaw  
(Address) Mesa

CONTRIBUTORY \_\_\_\_\_ (Duration) yrs. mos. days.  
(Signed) E C Openshaw  
\_\_\_\_\_ (Address) Mesa Ariz

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

PLACE OF BURIAL OR REMOVAL Mesa Cemetery DATE OF BURIAL OR REMOVAL Mar 15 1914

LENGTH OF RESIDENCE At place of death....yrs....mos....ds. In Arizona 10 yrs....mos....ds.  
Former or Usual Residence.....

UNDERTAKER A. Zaiton & Sons ADDRESS Mesa

Filed 4/15/14 J. E. Drape Local Registrar  
Filed 5/6 1914 H. A. Hughes County Registrar