8030

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, and not 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 110

County Registered No. 753

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Maricopa

District No 3

Town Or City Mesa

No. St.

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

FULL NAME Kenneth Noble Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: X White, Indian, Black, Chinese, Mexican

X SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Aug 11 (Month) (Day) 1905 (Year)

AGE: 9 yrs. 1 mos. 23 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):

BIRTHPLACE (State or country): Ariz

PARENTS
NAME OF FATHER: H G Davis
BIRTHPLACE OF FATHER (State or country): Utah
MAIDEN NAME OF MOTHER: Louella Noble
BIRTHPLACE OF MOTHER (State or country): Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. G. Davis

(Address) Mesa Ariz.

PLACE OF BURIAL ~~OR REMOVAL~~: Mesa Cemetary

DATE OF BURIAL ~~OR REMOVAL~~: Oct 5 1914

UNDERTAKER: W A Burton & Sons

ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 4 (Month) 4 (Day) 1914 (Year)

I hereby certify, that I attended deceased from Oct 4 1914 to Oct 4 1914; that I last saw him alive on Oct 4 1914, and that death occurred on the date stated above at 11 P.M. The DISEASE or INJURY causing Death was as follows: Tuberculosis Meningitis

(Duration) ..... yrs. ..... mos. 1 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) ..... yrs. ..... mos. ..... days

(Signed) R D Thomas

Oct 4 1914 (Address) Tempe

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

LENGTH OF RESIDENCE

At place of death 9 yrs. ..... mos. ..... ds. In Arizona 9 yrs. ..... mos. ..... ds.

Former or Usual Residence

Filed 10/14 1914 J. E. Dyer, Local Registrar

Filed 12/7 1914 H A Hughes, County Registrar