207

FILL OUT ALL BLANKS.

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

County Maricopa

District No 3

Town Or City Mesa

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index 451

ORIGINAL CERTIFICATE OF DEATH

County Registered No.

Local Registrar's No.

No. St.

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

FULL NAME Lorenzo Hosald Eyring

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: X White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: Dec 4 1913 (Month) (Day) (Year)

AGE: ✓ yrs. 11 mos. 24 days

If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): Ariz.

PARENTS

NAME OF FATHER: Andrew T Eyring

BIRTHPLACE OF FATHER (State or country): Utah

MAIDEN NAME OF MOTHER: Edith Haws

BIRTHPLACE OF MOTHER (State or country): Ariz

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A T Eyring

(Address) Mesa

PLACE OF BURIAL OR REMOVAL: Mesa Cemetary

DATE OF BURIAL OR REMOVAL: Nov 30 19

UNDERTAKER: W A Burton

ADDRESS: Sons Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 30 1917 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Nov 21 1917 to Nov 28 1917; that I last saw him alive on Nov 28 1917, and that death occurred on the date stated above at 1:14 a.m. The DISEASE or INJURY causing Death was as follows: Diphtheria with Pneumonia and Iliocolitis + pneumonia

(Duration) yrs. mos. days 12

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) A C Openshaw

191 (Address) Mesa Ariz

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

LENGTH OF RESIDENCE

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

Former or Usual Residence

Filed 11/30 1911 Dr. E. Drane M. Local Registrar

Filed 1/12 1915 A. B. Nichols County Registrar