788

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.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF DEATH

State Index No. 178

County Registered No.

Local Registrar's No.

**PLACE OF DEATH**

County Maricopa

District No 3

Town Or City Mesa

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

**FULL NAME** Geo H Meier

**PERSONAL AND STATISTICAL PARTICULARS**

SEX: Male

Color or Race: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

SINGLE / MARRIED / WIDOWED / or DIVORCED

DATE OF BIRTH: Jan 26 (Month) (Day) 1915 (Year)

AGE: X yrs. X mos. X days. If less than 1 day hrs., or 8 Hrs min.

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): Ariz

PARENTS
NAME OF FATHER: James Meier Jr
BIRTHPLACE OF FATHER (State or country): Ill
MAIDEN NAME OF MOTHER: Hattie E Phelps
BIRTHPLACE OF MOTHER (State or country): Ariz

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Meier Jr

(Address) Mesa

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

DATE OF BURIAL ~~OR REMOVAL~~: Jan 27 1915

UNDERTAKER: T G Burton & Sons

ADDRESS: Mesa

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Jan 26 (Month) (Day) 1915 (Year)

I hereby certify, that I attended deceased from Jan 26 1915 to Jan 26 1915; that I last saw him alive on Jan 26 1915, and that death occurred on the date stated above at 2 P M. The DISEASE or INJURY causing Death was as follows: Imperfect Cardiac Development

(Duration) X yrs. X mos. X days 8 hrs

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) X yrs. mos. days

(Signed) J. B. Nelson M.D.

Jan 27th 1915 (Address) Mesa

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

LENGTH OF RESIDENCE

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

Former or Usual Residence

Filed 1/27/ 1915 Dr. J. E. Drane

Local Registrar

Filed 2/8/15 1915 A. B. Nichols

County Registrar