

10 10

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

ARIZONA STATE BOARD OF HEALTH

County Arizona
District Phoenix
Town
Or City

BUREAU OF VITAL STATISTICS

State Index No. 396

ORIGINAL CERTIFICATE OF DEATH

County Registered No.
Local Registrar's No. 3805

No. 1 mile west on Indian School Road.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Joseph S. Curtis.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE married MARRIED WIDOWED white or DIVORCED	DATE OF DEATH <u>February 1st. 1915</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>February 23, 1839</u> 191 (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Jan 23</u> <u>5 to Feb 1</u> 1915; that I last saw h. <u>me</u> alive on <u>Feb 1</u> 1915, and that death occurred on the date stated above at <u>11 PM</u> M. The DISEASE or INJURY causing Death was as follows: <u>Chronic</u> <u>Alphritis</u>	
AGE <u>75 yrs. 11 mos.</u> days hrs., or min. If less than 1 day			Was disease contracted in Arizona? <u>Don't know</u> If not, where?	
OCCUPATION (a) Trade, profession or particular kind of work <u>farmer</u> (b) General nature of industry, business, or establishment in which employed or (employer)			CONTRIBUTORY <u>Uremia</u> (Duration) yrs. mos. days	
BIRTHPLACE (State or country) <u>Missouri</u>			(Signed) <u>E. W. Barnes</u> <u>2/2/15</u> <u>Phoenix, Arizona.</u>	
PARENTS	NAME OF FATHER <u>don't know</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	BIRTHPLACE OF FATHER State or country <u>Michigan</u>		LENGTH OF RESIDENCE At place of death <u>3 yrs 6 mos.</u> ds. In Arizona <u>10</u> yrs. mos. ds.	
	MAIDEN NAME OF MOTHER <u>Straton.</u>		Former or Usual Residence <u>Tex. Prescott</u>	
	BIRTHPLACE OF MOTHER State or country <u>don't know</u>		Filed <u>Feb 2 1915</u> Local Registrar <u>A. B. Nichol</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. J.S. Curtis.</u>			County Registrar	
(Address) <u>Phoenix, Arizona.</u>				
PLACE OF BURIAL OR REMOVAL <u>Greenwood Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>2/2/15</u> 1915		
UNDERTAKER <u>J.T. Whitney,</u>		ADDRESS <u>Phoenix, Arizona.</u>		