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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. ~~526~~

County Registered No. 14

Local Registrar's No. 13

PLACE OF DEATH

County Graham

District Thatcher

Town "

Or City

No. ..... St.

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

FULL NAME Leonard S. Eyring

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy | ~~Color or Race~~ White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~ | SINGLE ~~MARRIED~~ ~~WIDOWED~~ or DIVORCED

DATE OF BIRTH 1 — (Month) 15 — (Day) 1910 (Year)

AGE 5 yrs. 7 mos. 10 days | If less than 1 day, ... hrs., or ..... 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) Mexico

PARENTS

NAME OF FATHER Andrew F Eyring

BIRTHPLACE OF FATHER (State or country) Utah

MAIDEN NAME OF MOTHER Edith Hawes

BIRTHPLACE OF MOTHER (State or county) Arizona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

PLACE OF BURIAL OR REMOVAL Thatcher | DATE OF BURIAL OR REMOVAL 3-23 1915

UNDERTAKER | ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3 — (Month) 22 (Day) 1915 (Year)

I hereby certify, that I attended deceased from 3 — 1 1915 to 3/22 1915; that I last saw h[illegible] alive on 3 - 21 - 1915 and that death occurred on the date stated above at 8 M. The DISEASE or INJURY causing Death was as follows: Nephritis

14 — (Duration) ..... yrs. 3 mos. — days

Was disease contracted in Arizona? Mesa Arizona

If not, where?

CONTRIBUTORY Whooping Cough

..... (Duration ..... yrs. ..... mos. 10 days

(Signed) W E Clark

..... 191.... (Address) Safford 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. 22 ds. In Arizona 1 yrs. ..... mos. ..... ds.

Former or Usual Residence Mexico

Filed 5/5 1915 Mrs A N French
Local Registrar

Filed 5/10/ 1915 G. S. MARTIN
County Registrar

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.