

1291

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 Marcopaca
District No 3
Town Mesa
Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 104

ORIGINAL CERTIFICATE OF DEATH

County Registered No. _____
Local Registrar's No. 22

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

FULL NAME Frederick Passey

PERSONAL AND STATISTICAL PARTICULARS

SEX Male X Color or Race White Indian Black Chinese Mexican
SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH Aug 7 1873
(Month) (Day) (Year)

AGE 72 yrs 7 mos _____ days _____ hrs., or _____ min.
If less than 1 day

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

BIRTHPLACE (State or country) England

NAME OF FATHER John Passey

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Anna New

BIRTHPLACE OF MOTHER (State or country) England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr Passey

(Address) Mesa

PLACE OF BURIAL OR REMOVAL Mesa Cemetery DATE OF BURIAL OR REMOVAL Mar 8 1915

UNDERTAKER W. A. Burton & Sons ADDRESS Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 7 1915
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Feb 3 1915 to Mar 6 1915; that I last saw him Mar 7 1915 alive on Feb 3 1915, and that death occurred on the date stated above at 12 a.m. The DISEASE or INJURY causing Death was as follows: Senility, suffled with difficult mastication, bronchitis & chronic interstitial nephritis

(Duration) _____ yrs. _____ mos. _____ days
Was disease contracted in Arizona? _____

If not, where? _____

CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days

(Signed) [Signature] 1915 (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 2 yrs. _____ mos. _____ ds. In Arizona 2 yrs. _____ mos. _____ ds.

Former or Usual Residence Idaho
Filed 3/8/15 1915 Dr J. C. Drake Local Registrar

Filed 4-9 1915 G. B. Nichols County Registrar