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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 Mohave
District _____
Town _____
Or City Kingman

BUREAU OF VITAL STATISTICS

State Index No. _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 11
Local Registrar's No. 10

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

FULL NAME John H. Johnson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M Color or Race White Indian SINGLE WIDOWED
Black Chinese or DIVORCED
Mexican

DATE OF DEATH March 8 1915
(Month) (Day) (Year)

DATE OF BIRTH _____
(Month) (Day) (Year) 1840

I hereby certify, that I attended deceased from March 6 1915 to March 8 1915; that I last saw him alive on March 7th 1915 and that death occurred on the date stated above at 2 A.M. The DISEASE or INJURY causing Death was as follows: _____

AGE 75 yrs. 15 mos. 15 days If less than 1 day, hrs. _____ min.

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

Was disease contracted in Arizona? yes
If not, where? _____
CONTRIBUTORY Debiliz.
(Duration) 2 yrs. _____ mos. _____ days

BIRTHPLACE (State or country) Kentucky

NAME OF FATHER E. Johnson

BIRTHPLACE OF FATHER (State or country) Ky

MAIDEN NAME OF MOTHER Hattie Hayes

BIRTHPLACE OF MOTHER (State or county) Ky

(Signed) Amibonnie

191____ (Address) Kingman

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amibonnie
(Address) Kingman

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

PLACE OF BURIAL OR REMOVAL Kingman DATE OF BURIAL OR REMOVAL Mar 10 1915

LENGTH OF RESIDENCE At place of death... yrs... mos... ds. In Arizona... yrs... mos... ds. Former or Usual Residence _____

UNDERTAKER W. H. Martin ADDRESS Kingman Ar

Filed March 10 1915 J. Whitney Legal Registrar

Filed 4-5 1915 T. J. ... County Registrar