1727

538

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~2-1~~

County Registered No. 91

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Gavapai

District

Town

Or City

No. Western Park of Gavapai Co. St.

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

FULL NAME Joseph Le Roy Archambeau

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

~~SINGLE~~ MARRIED ~~WIDOWED or DIVORCED~~

DATE OF BIRTH: Feby. (Month) 1 (Day) 1860 ~~191~~ (Year)

AGE: 55 yrs. mos. days — If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): California

PARENTS

NAME OF FATHER: Archambeau

BIRTHPLACE OF FATHER (State or country): Don't Know

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J. L. Archambeau

(Address) Prescott Arizona

PLACE OF BURIAL OR ~~REMOVAL~~: Mt. View Cemetery

DATE OF BURIAL ~~OR REMOVAL~~: April 28 1915

UNDERTAKER: Lester Ruffner

ADDRESS: Prescott Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 22 (Day) 1915 (Year)

I hereby certify, that I attended deceased from 191 to 191; that I last saw h alive on 191, and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows:

Accidental Drowning

(Duration) yrs. mos. days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) Jean H. McLane Coroner

April 28 1915 (Address) Prescott 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. ds. In Arizona yrs. mos. ds.

Former or Usual Residence

Filed 4-20 1915 Harry F. Beethoven Local Registrar

Filed 5/20 1915 John H. Hunt County Registrar

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.