

2304

552

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Yuma
District Yuma
Town Yuma
Or City Yuma

BUREAU OF VITAL STATISTICS

State Index No. ~~373~~

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 28
Local Registrar's No. 73

No. 320 15th ave St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Richard M. Hayes

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.

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH 1881
(Month) (Day) (Year)

AGE 66 yrs. — mos. — days If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country) Ohio

NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. Johnson

(Address) Yuma Ariz

PLACE OF BURIAL OR REMOVAL Yuma Cemetery DATE OF BURIAL OR REMOVAL 6/11 1915

UNDERTAKER A. Johnson ADDRESS Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1915
(Month) (Day) (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: died from gun shot wound

(Duration) yrs. mos. days

Was disease contracted in Arizona? No
If not, where? No

CONTRIBUTORY (Duration) yrs. mos. days

(Signed) J. G. Jones (Address) Corona

*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 June 11 1915 H. D. Apperman Registrar

Filed July 10 1915 E. C. Wills County Registrar