

2485

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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 27

## ORIGINAL CERTIFICATE OF DEATH

County Registered No. 27

Local Registrar's No. 25

PLACE OF DEATH  
County Graham  
District \_\_\_\_\_  
Town \_\_\_\_\_  
Or City Safford

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

FULL NAME David Ephram Welke

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.

### PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Aug 6 1871  
(Month) (Day) (Year)

AGE 43 yrs. 11 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) Bloomington Idaho

PARENTS  
NAME OF FATHER Alfred Welke  
BIRTHPLACE OF FATHER (State or country) Ill.  
MAIDEN NAME OF MOTHER Elija Madsen  
BIRTHPLACE OF MOTHER (State or county) Denmark

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Arthur E. Welke  
(Address) Safford Arizona

PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL OR REMOVAL \_\_\_\_\_

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 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:

patient died suddenly from syncope  
..... (Duration) ..... yrs. few minutes mos. \_\_\_\_\_ days

Was disease contracted in Arizona? Yes  
If not, where \_\_\_\_\_

CONTRIBUTORY La Grippe  
(Duration) ..... yrs. 2 weeks mos. \_\_\_\_\_ days

Signed A. J. Warner  
July 8 1915 (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...ds. In Arizona...yrs...mos...ds.

Former or Usual Residence \_\_\_\_\_  
Filed 8/5 Mrs. A. N. French

Filed 8/10 S. S. MARTIN  
..... 1915

County Registrar