

8796

WRITE MAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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 Graham
District Pima
Town
Or City Pima

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 89

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 3

Local Registrar's No. 1

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

FULL NAME Guy Harrow Mattice

| PERSONAL AND STATISTICAL PARTICULARS | | |
|--|--|---|
| SEX <u>male</u> | Color or Race White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/> | SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/> |
| DATE OF BIRTH <u>Jan</u> <u>4</u> 191 <u>6</u> (Month) (Day) (Year) | | |
| AGE <u>2</u> yrs. mos. days If less than 1 day, hrs., or min. | | |
| OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business, or establishment in which employed or (employer)..... | | |
| BIRTHPLACE (State or country) <u>Pima Arizona</u> | | |
| NAME OF FATHER <u>Louis P. Mattice</u> | | |
| BIRTHPLACE OF FATHER (State or country) <u>Utah</u> | | |
| MAIDEN NAME OF MOTHER <u>Olivia L. Cluff</u> | | |
| BIRTHPLACE OF MOTHER (State or county) <u>Utah</u> | | |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____ | | |
| PLACE OF BURIAL OR REMOVAL <u>Pima</u> | DATE OF BURIAL OR REMOVAL <u>Jan 3rd</u> 191 <u>6</u> | |
| UNDERTAKER | ADDRESS | |

| MEDICAL CERTIFICATE OF DEATH |
|---|
| DATE OF DEATH <u>Jan</u> <u>4</u> 191 <u>6</u> (Month) (Day) (Year) |
| I hereby certify, that I attended deceased from <u>Jan 3rd</u> 191 <u>6</u> to <u>Jan 4th</u> 191 <u>6</u> ; that I last saw him alive on 191 <u>6</u> and that death occurred on the date stated above at <u>4 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Diphtheria</u> (Duration) yrs. mos. days..... |
| Was disease contracted in Arizona? <input type="checkbox"/> |
| If not, where? |
| CONTRIBUTORY (Duration) yrs. mos. days..... |
| (Signed) <u>Dr. R. C. Dyer</u> <u>Jan 6th</u> 191 <u>6</u> (Address) <u>Pima Arizona</u> |
| *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 <u>2/3</u> 191 <u>6</u> <u>Mrs. R. C. Dyer</u> Local Registrar Filed <u>2/10</u> 191 <u>6</u> <u>D. S. Martin</u> County Registrar |