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WRITE PLAINLY, 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.....
District.....
Town.....
Or City.....

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 111

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 1127

Local Registrar's No. 415

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

FULL NAME Harry Smith

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH..... 1916
(Month) (Day) (Year)

AGE 28 yrs. 0 mos. 0 days 0 hrs., or 0 min.
If less than 1 day.....

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

BIRTHPLACE (State or country) Ill

NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....
(Address).....

PLACE OF BURIAL OR REMOVAL County Cem DATE OF BURIAL OR REMOVAL 4/25 1919

UNDERTAKER Moore & McLaughlin ADDRESS.....

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1916
(Month) (Day) (Year)

I hereby certify, that I attended deceased from June 20 1916 to June 1916; that I last saw h..... alive on..... 1916, and that death occurred on the date stated above at..... M. The DISEASE or INJURY causing

Death was as follows: Pneumonia
Subsided
(Duration) not known yrs. mos. days

Was disease contracted in Arizona? Yes
If not, where? not known

CONTRIBUTORY (Duration)..... yrs. mos. days

(Signed) Edna Broadway
275 1916 (Address) Phoenix

*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. mo. ds. In Arizona..... yrs. mos. ds.

Former or Usual Residence.....
Filed Feb 2 1916 H. J. Beauchamp
Local Registrar

Filed..... 1916
County Registrar A. B. ...