

9895

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. **188**

ORIGINAL CERTIFICATE OF DEATH

County Registered No. **104**
Local Registrar's No. **104**

PLACE OF DEATH

County Maricopa
District no 3
Town Mesa
Or City Mesa

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

FULL NAME Theodore Weld Otis

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>Sept 6 1935</u>	(Month) (Day) (Year)	
AGE <u>80 yrs. 5 mos. 19 days</u>	If less than 1 day hrs., or min.	

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

BIRTHPLACE (State or country) New York

NAME OF FATHER James Otis

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Hanna Litor

BIRTHPLACE OF MOTHER (State or country) New York

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Col M. Blake

(Address) Hyden. avs

PLACE OF BURIAL OR REMOVAL Prescott av

DATE OF BURIAL OR REMOVAL Jan 26 1916

UNDERTAKER A. M. Smith

ADDRESS Mesa ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1916
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 23 1916 to Jan 25 1916; that I last saw him alive on Jan 25 1916, and that death occurred on the date stated above at 10 P.M. The DISEASE or INJURY causing Death was as follows: Cirrhosis of Liver

(Duration) several yrs. mos. days

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

CONTRIBUTORY Methods of life etc.
(Duration) yrs. mos. days

(Signed) J. M. Greer
1916 (Address)

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE
At place of death 2 yrs. 4 mos. 4 ds. In Arizona 4 yrs. 4 mos. 4 ds.

Former or Usual Residence New York

Filed 1/26/1916 J. E. Druce
Local Registrar

Filed 1/26/1916 B. Nichols
County Registrar

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.