2128

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

407

State Index No.

County Registered No. 30

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Gila

District Globe

~~Town~~ ~~Or~~ City Globe

No. 977 N. Deveraux St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Phen Donovan Brouilette

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White, Indian, Black, Chinese, Mexican

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: May (Month) 29th (Day) 1910 (Year)

AGE: 6 yrs. mos. days — If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): Globe, Arizona

PARENTS

NAME OF FATHER: Phen A. Brouilette

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Ellen J. Whelin

BIRTHPLACE OF MOTHER (State or country): Kansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Phen A. Brouilette

(Address) Canada

PLACE OF BURIAL ~~OR REMOVAL~~: Globe, Arizona

DATE OF BURIAL ~~OR REMOVAL~~: Feby 3rd 1916

UNDERTAKER: T. L. Jones & Son

ADDRESS: Globe, Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. (Month) 2nd (Day) 1916 (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 7:45 A.M. The DISEASE or INJURY causing death was as follows:

Abcess on the brain

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

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY: Chrystian Science

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

(Signed) Hugh Thomas Coroner

Feb 7 1916 (Address) Globe, Arizona

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

LENGTH OF RESIDENCE

At place of death Life mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence

Filed Feb 3 1916 B. G. Fox — Local Registrar

Filed Mar 6 1916 B. G. Fox — County Registrar