2516

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. ~~783~~

County Registered No. 11

Local Registrar's No. 4

PLACE OF DEATH

County Graham

District Pima

Town Or City

No. St.

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

FULL NAME Arthur Nile Boren

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

~~SINGLE~~ ~~MARRIED~~ ~~WIDOWED~~ or DIVORCED: Baby

DATE OF BIRTH (Month) (Day) 191 (Year)

AGE: yrs. 11 mos. 2 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) Redlands California

PARENTS

NAME OF FATHER: Bryan Boren Jr.

BIRTHPLACE OF FATHER (State or country): Utah

MAIDEN NAME OF MOTHER: Sarah May Boren

BIRTHPLACE OF MOTHER (State or country): Pima Arizona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Bryan Boren

(Address) Fairview Arizona

PLACE OF BURIAL OR REMOVAL: Fairview Cemetery

DATE OF BURIAL OR REMOVAL: March 15 1916

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1916 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Mar. 13 1916 to March 14 1916; that I last saw him alive on March 14 1916, and that death occurred on the date stated above at 5 P. M. The DISEASE or INJURY causing Death was as follows: Spinal meningitis

(Duration) yrs. mos. 1 day

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) R. C. Dryden M.D.

4/7 1916 (Address) Pima 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 yrs. mos. ds. In Arizona yrs. mos. ds.

Former or Usual Residence

Filed 4/7 1916 Mrs R. C Dryden. Local Registrar

Filed 4/10 1916 G. S. Martin 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.