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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 841

PLACE OF DEATH

County Pima

District

Town Tucson

Or City

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 131

Local Registrar's No.

No. 517 So 6th Ave St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Truman H. Shields

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH March 3 1916
(Month) (Day) (Year)

DATE OF BIRTH Aug 28 1874
(Month) (Day) (Year)

I hereby certify, that I attended deceased from March 3 1916 to March 3 1916; that I last saw him alive on March 3 1916, and that death occurred on the date stated above 6:30 P.M. The DISEASE or INJURY causing

AGE 41 yrs 6 mos 15 days hrs. or min. If less than 1 day

Death was as follows: Pulmonary Tuberculosis

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

(Duration) 3 yrs. mos. days

BIRTHPLACE (State or country) Illinois

Was disease contracted in Arizona? no

NAME OF FATHER Robert Shields

If not, where? Portia Lee

BIRTHPLACE OF FATHER (State or country) Ky

CONTRIBUTORY

MAIDEN NAME OF MOTHER Lillian Lillie

(Duration) yrs. mos. days

BIRTHPLACE OF MOTHER (State or country) Ohio

(Signed) J. M. Allwell
3/3 1916 (Address) Tucson Ariz

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) Mrs T. H. Shields

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

(Address) Portia Lee

Former or Usual Residence Portia Lee

PLACE OF BURIAL OR REMOVAL Portia Lee DATE OF BURIAL OR REMOVAL 3/7 1916

Filed 3-5 1916 Mead Clyne Local Registrar

UNDERTAKER O. C. Carter ADDRESS Tucson Ariz

Filed 4-10 1916 J. M. Allwell County Registrar

FILL OUT ALL BLANKS. 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.