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PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Greenlee

BUREAU OF VITAL STATISTICS

State Index No. 93

District  
Town Clifton  
Or City

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 24  
Local Registrar's No.

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

FULL NAME Corydon Duke

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White SINGLE MARRIED WIDOWED or DIVORCED

DATE OF DEATH 4 22 1916  
(Month) (Day) (Year)

DATE OF BIRTH Dec 23 1890  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 4/22 1916 to 4/22 1916; that I last saw h. in alive on 4/22 1916, and that death occurred on the date stated above at 7:30 P.M. The DISEASE or INJURY causing

AGE 36 yrs 4 mos days hrs., or min. If less than 1 day

Death was as follows: acute alcoholism

OCCUPATION (a) Trade, profession or particular kind of work Crane man Smelter (b) General nature of industry, business, or establishment in which employed or (employer) out of employment Bar Tender

Was circumstances according to history If not, where probably

BIRTHPLACE (State or country) Arizona

CONTRIBUTORY Chronic Nephritis (Duration) 7 mos 3 days

NAME OF FATHER James M. Duke

(Signed) David Thomson 4/23 1916 (Address) Clifton

BIRTHPLACE OF FATHER (State or country) Utah

MAIDEN NAME OF MOTHER Lily Albright

BIRTHPLACE OF MOTHER (State or country) Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Gladys D. Mrs. Fate

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

(Address) Clifton Ariz.

At place of death 3 yrs 4 mos 4 ds. In Arizona 4 yrs 4 mos 4 ds.

PLACE OF BURIAL OR REMOVAL Thatcher, Ariz. DATE OF BURIAL OR REMOVAL 4-25-1916

Former or Usual Residence Thatcher Arizona Filed 4/24 1916 M. J. Davenport Local Registrar

UNDERTAKER S. P. Pevco ADDRESS Clifton

MAY 1 1 1916 L. A. W. BURCH, M. P. 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.