

576

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.

PLACE OF DEATH

County Mohave
District _____
Town _____
Or City Kingman

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 898

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 40
Local Registrar's No. 30

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

FULL NAME Randolph Alger

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White Indian SINGLE MARRIED
Black Chinese WIDOWED
Mexican OR DIVORCED
DATE OF BIRTH June 29 1916
AGE 29 yrs. mos. days hrs., or min. If less than 1 day _____

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) Utah

NAME OF FATHER S. E. Alger

BIRTHPLACE OF FATHER (State or country) Mo

MAIDEN NAME OF MOTHER Matilde Apacamar

BIRTHPLACE OF MOTHER (State or country) Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Carter

(Address) _____

PLACE OF BURIAL OR REMOVAL Kingman Ariz DATE OF BURIAL OR REMOVAL July 3 1916

UNDERTAKER W Van Martin ADDRESS Kingman Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1916
(Month) (Day) (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 _____ M. The DISEASE or INJURY causing

Death was as follows: Falling down shaft at Old Trails mine

(Duration) _____ yrs. mos. days

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

CONTRIBUTORY _____
(Duration) _____ yrs. mos. days

(Signed) J. N. Cochran Coroner
July 30 1916 (Address) Kingman

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 July 3 1916 J. Whitney Local Registrar

Filed Aug 10 1916 W. H. Beecher County Registrar

By V. Nichols