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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 6

County Registered No. 210

Local Registrar's No. 1

PLACE OF DEATH

County: Gila

District: Winkelman

Town Or City: Winkelman

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

FULL NAME Truman Phillips

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

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

~~SINGLE~~, MARRIED, ~~WIDOWED~~, or DIVORCED

DATE OF BIRTH: Aug 5 (Month) 5 (Day) 1889 (Year)

AGE: 26 yrs. 11 mos. 22 days. If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): New York

PARENTS
NAME OF FATHER: Edson W Phillips
BIRTHPLACE OF FATHER (State or country): New York
MAIDEN NAME OF MOTHER: Laura Alice Smith
BIRTHPLACE OF MOTHER (State or country): Minnesota

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Edson W Phillips

(Address): Hayden Ariz

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL
Winkelman	Sept 28 1916
UNDERTAKER	**ADDRESS**
E L Walker	Winkelman

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 27 (Month) (Day) 1916 (Year)

I hereby certify, that I attended deceased from July 6 1916 to Sept 1916; that I last saw him alive on Sept 27 1916, and that death occurred on the date stated above at 10 A.M. The DISEASE or INJURY causing death was as follows: Pulmonary Tuberculosis

(Duration) 3 yrs. 1 mos. ..... days.

Was disease contracted in Arizona? Yes.

If not, where?

CONTRIBUTORY

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

(Signed) Charles H. Bowen

Sept 30 1916 (Address) Hayden

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

LENGTH OF RESIDENCE

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

Former or Usual Residence: New York State

Filed Sept 30 1916 — H A Roberts, Local Registrar

Filed Oct 23 1916 — O G Jay, County Registrar

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upon filing the proper certificate. Subject to the laws of the State and the Regulations of the Board of Health.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Comptroller, Artist, Locomotive Engineer, Civil Engineer.

MARGIN RESERVED FOR BINDING

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.