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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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Mohave District _____ State Index No. 894
 Town Wickenburg Or City _____ ORIGINAL CERTIFICATE OF DEATH County Registered No. 1972
 Local Registrar's No. 04

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

FULL NAME William H. Doty

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	MARRIAGE SINGLE MARRIED WIDOWED OR DIVORCED	DATE OF DEATH <u>Dec. 14</u> 19 <u>16</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Nov. 25</u> 19 <u>34</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Dec 8th</u> 19 <u>16</u> to <u>Dec. 11th</u> 19 <u>16</u> ; that I last saw him alive on <u>December 11th</u> 19 <u>16</u> , and that death occurred on the date stated above at <u>4:35 AM</u> . The DISEASE or INJURY causing Death was as follows: <u>Broncho Pneumonia</u>	
AGE <u>82</u> yrs. <u>00</u> mos. <u>19</u> days hrs., or ____ min.			Was disease contracted in Arizona? <u>Yes</u> If not, where? _____	
OCCUPATION (a) Trade, profession or particular kind of work <u>Retired Farmer</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			CONTRIBUTORY (Duration) ____ yrs. ____ mos. ____ days	
BIRTHPLACE (State or country) <u>Clark County Illinois</u>			(Signed) <u>John Riggs</u> <u>Jan 5</u> 19 <u>16</u> (Address) <u>Wickenburg</u>	
PARENTS	NAME OF FATHER <u>Martin Doty</u>		In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (State or Country) <u>Tennessee</u>		LENGTH OF RESIDENCE At place of death <u>7</u> yrs. ____ mos. ____ ds. In Arizona ____ yrs. ____ mos. ____ ds.	
	MAIDEN NAME OF MOTHER <u>Polly Bletcher</u>		Former or Usual Residence <u>near Wickenburg</u>	
	BIRTHPLACE OF MOTHER (State or Country) <u>North Carolina</u>		Filed <u>Dec 16</u> 19 <u>16</u> <u>John Riggs</u> Local Registrar	
The Above Is True to the Best of My Knowledge (Informant) <u>Mrs. M. G. Riggs</u> (Address) <u>Wickenburg</u>			Filed <u>Jan 18</u> 19 <u>16</u> <u>T. B. Nichols</u> County Registrar	
PLACE OF BURIAL OR REMOVAL <u>Wickenburg Ariz</u>		DATE OF BURIAL OR REMOVAL <u>December 15</u> 19 <u>16</u>		
UNDERTAKER <u>G. McShannon</u>		ADDRESS <u>Wickenburg</u>		