250

WRITE PLAINLY, WITH UNFADING INK. [illegible] IS A PERMANENT [illegible]
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

ORIGINAL CERTIFICATE OF DEATH

State Index No. 240 ~~1074~~
County Registered No. 2306
Local Registrar's No. 236

PLACE OF DEATH

County Maricopa
District No 3
Town Or City Gilbert

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

FULL NAME Solomon Raley

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH: Sept. 27 1854 (Month) (Day) (Year)

AGE: 62 yrs. 5 mos. 27 days — If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): Kentucky

PARENTS
NAME OF FATHER: John Raley
BIRTHPLACE OF FATHER (State or country): Kentucky
MAIDEN NAME OF MOTHER: Unknown
BIRTHPLACE OF MOTHER (State or country): Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. H. McCreary
(Address) Gilbert Ariz

PLACE OF ~~BURIAL~~ OR ~~REMOVAL~~: Prague Okla
DATE OF BURIAL OR REMOVAL: Mar. 26 1917

UNDERTAKER: M. L. Gibbons
ADDRESS: Mesa Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1917 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 30 1917 to March 1917; that I last saw him alive on March 1917, and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing Death was as follows: Cause of the liver

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

Was disease contracted in Arizona? .....
If not, where? .....
CONTRIBUTORY .....
..... (Duration) ..... yrs. ..... mos. ..... days

(Signed) B. B. Horne
March 25 1917 (Address) Sunday

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

LENGTH OF RESIDENCE
At place of death 5 yrs. 5 mos. 5 ds. In Arizona ..... yrs. 5 mos. 5 ds.
Former or Usual Residence Prague Okla

Filed Mar. 26/1917 J. E. Drane, Local Registrar
Filed April 10 1917 [illegible], County Registrar