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375

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 748

County Registered No. 84

Local Registrar's No.

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 Yavapai

District Prescott

Town Or City Prescott

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

FULL NAME Lucas Contreras

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: ~~White~~ ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~ Spanish

~~SINGLE~~ ~~STATE~~ Married ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH -- -- 1843 191 (Month) (Day) (Year)

AGE 74 yrs. mos. days | If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country) Mexico

PARENTS
NAME OF FATHER J. M. Contreras
BIRTHPLACE OF FATHER (State or Country) Spain
MAIDEN NAME OF MOTHER Petra Gastello
BIRTHPLACE OF MOTHER (State or Country) Spain

The Above Is True to the Best of My Knowledge
(Informant) Edw. Contreras,
(Address) Prescott, Arizona.

PLACE OF BURIAL OR REMOVAL: Mt. View Cemetery

DATE OF BURIAL OR REMOVAL: May 20, 1917.

UNDERTAKER: Lester Ruffner

ADDRESS: Prescott, Arizona.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18, 1917. 191 (Month) (Day) (Year)

I hereby certify, that I attended deceased from May 12 1917 to May 18 1917; that I last saw him alive on May 18 1917, and that death occurred on the date stated above at 4 P.M. The DISEASE or INJURY causing Death was as follows: Empyema left R. A. side & back

(Duration) yrs. mos. 10 days.

Was disease contracted in Arizona? Yes

If not, where? Personal Information

CONTRIBUTORY Old age

(Duration) yrs. mos. days.

(Signed) E. J. McNally, M.D.

May 21, 1917. (Address) Prescott, Ariz.

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE
At place of death 19 yrs. mos. ds. In Arizona 31 yrs. mos. ds.

Former or Usual Residence

Filed May 21 1917 Harry S. Southworth
Local Registrar

Filed 6/20 1917 [illegible]
County Registrar