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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. ~~904~~

PLACE OF DEATH

County Gila
District Globe
Town Globe
Or City Globe

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 191
Local Registrar's No. _____

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

FULL NAME Lyman Dodge

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.

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>male</u>	Color or Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican
DATE OF BIRTH <u>July 28th 1862</u> (Month) (Day) (Year)	MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED
AGE <u>55</u> yrs. — mos. — days	If less than 1 day hrs. or min.
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer) <u>Carpenter</u>	
BIRTHPLACE (State or country) <u>Utah</u>	
NAME OF FATHER <u>Seth Dodge</u>	BIRTHPLACE OF FATHER (State or country) <u>Penn.</u>
MAIDEN NAME OF MOTHER _____	
BIRTHPLACE OF MOTHER (State or country) <u>Ohio</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) <u>S. L. Dodge</u>	(Address) <u>Pima, Arizona</u>
PLACE OF BURIAL <input checked="" type="checkbox"/> REMOVAL	DATE OF BURIAL <input checked="" type="checkbox"/> REMOVAL <u>Pima, Arizona June 26th 1917</u>
UNDERTAKER <u>J. L. Johnson</u>	ADDRESS <u>Globe, Arizona</u>

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>June 25th 1917</u> (Month) (Day) (Year)	I hereby certify that I attended deceased from <u>June 22</u> 1917 to <u>June 25</u> 1917; that I last saw him alive on <u>June 25</u> 1917 and that death occurred on the date stated above at <u>12</u> M. The DISEASE or INJURY causing death was as follows: <u>Appendicitis</u>
(Duration) _____ yrs. _____ mos. _____ days <u>5</u>	Was disease contracted in Arizona? <u>yes</u>
(Duration) _____ yrs. _____ mos. _____ days	CONTRIBUTORY _____
(Signed) <u>E. E. Wightman</u>	(Address) _____ 1917
*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 <u>35</u> yrs. _____ mos. _____ ds.
Former or Usual Residence <u>Pima, Arizona</u>	Filed _____
Filed <u>June 25 1917</u>	Local Registrar <u>B. G. Jay</u>
Filed <u>July 5 1917</u>	County Registrar <u>B. G. Jay</u>