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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. ~~91E~~

County Registered No. 46

Local Registrar's No. 42

PLACE OF DEATH

County Graham

District

Town Or City Safford

No. _____ St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Cecil Ernest Walker

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: Male

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

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

DATE OF BIRTH: January 18 1917 (Month) (Day) (Year)

AGE: ____ yrs. 4 mos. 27 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) —

BIRTHPLACE (State or country) Miami Ariz

PARENTS

NAME OF FATHER: Ernest Walker

BIRTHPLACE OF FATHER (State or Country): Tilden Texas

MAIDEN NAME OF MOTHER: Elva Blair

BIRTHPLACE OF MOTHER (State or Country): [illegible]

The Above Is True to the Best of My Knowledge

(Informant) P. J. Jacobson

(Address) Safford Ariz

PLACE OF BURIAL OR REMOVAL: Safford

DATE OF BURIAL OR REMOVAL: June 14 1917

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 16 1917 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 6/12 1917 to 6/14 1917; that I last saw him alive on 6/13 1917, and that death occurred on the date stated above at 6 A.M. The DISEASE or INJURY causing Death was as follows: Acute Indigestion

(Duration) ____ yrs ____ mos ____ days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) ____ yrs ____ mos ____ days

(Signed) J. N. Stratton

6/17 1917 (Address) Safford 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 ____ yrs ____ mos ____ ds. In Arizona ____ yrs ____ mos ____ ds.

Former or Usual Residence

Filed 6/30 1917 W. V. Thorpe, Local Registrar

Filed 7/8 1917 J. N. Stratton, County Registrar