1509

658

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 1024

County Registered No. 2546

Local Registrar's No. 5524

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Maricopa

District

Town Or City Phoenix

No. Maricopa Co. Tuberculosis Hospital St.

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

FULL NAME William Henry Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

Color or Race: White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH June (Month) 24 (Day) 1866 (Year)

AGE 60 yrs. 11 mos. 21 days

If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country) Not known

PARENTS

NAME OF FATHER (?) Smith

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss E. Fields

(Address)

PLACE OF BURIAL OR REMOVAL Mesa

DATE OF BURIAL OR REMOVAL June 14 1917

UNDERTAKER Geo F. Merryman

ADDRESS Phoenix

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 13 (Day) 1917 (Year)

I hereby certify, that I attended deceased from May 26 1917 to June 13 1917; that I last saw him alive on June 12 1917, and that death occurred on the date stated above at 8 P.M. The DISEASE or INJURY causing Death was as follows:

TBC of Hyp & Lungs

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

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY Morphina Habit

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

(Signed) A B Nichols

7-14 1917 (Address) Phoenix

*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. 17 ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence

Filed June 14 1917 [illegible] Local Registrar

Filed July 12 1917 A. B. Nichols County Registrar

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.