

1793

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Yuma
District Beachman
Town
Or City

BUREAU OF VITAL STATISTICS
State Index No. 53
County Registered No.
Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME William Rattiff

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 male Color or Race White Indian Black Chinese Mexican SINGLE MARRIED WIDOWED OF-DIVORCED

DATE OF BIRTH _____ 191____
(Month) (Day) (Year)

AGE 44 yrs. 1 mos. 12 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) Mississippi

NAME OF FATHER Rattiff

BIRTHPLACE OF FATHER (State or country) United States

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (State or country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Paul Rattiff

(Address) Beauford

PLACE OF BURIAL OR REMOVAL Montezuma Sonora DATE OF BURIAL OR REMOVAL July 21 1917

UNDERTAKER W. J. Bullard ADDRESS Yuma Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1917
(Month) (Day) (Year)

I hereby certify, that I attended deceased from June 20 1917 to July 19 1917; that I last saw h. alive on July 7 1917, and that death occurred on the date stated above at 10:15 M. The DISEASE or INJURY causing

Death as follows: Cancer Stomach

(Duration) _____ yrs. 6 mos. _____ days

Was disease contracted in Arizona? yes
If not, where? _____

CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days

(Signed) W. C. Bledson 1917 (Address) Beaube

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 _____ yrs. _____ mos. _____ ds.

Former or Usual Residence _____

Filed July 20 1917 W. C. Bledson Local Registrar

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