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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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Gila  
District Wilhelmina & Hayden  
Town Hayden Ariz  
Or City Hayden Ariz

BUREAU OF VITAL STATISTICS

State Index No. 491

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 242

Local Registrar's No. 1

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

FULL NAME William Henry Harvey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race  White  Indian  Black  Chinese  Mexican  SINGLE  MARRIED  WIDOWED  or DIVORCED

DATE OF DEATH Aug 12 1917  
(Month) (Day) (Year)

DATE OF BIRTH Aug 29 1873  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Aug 3, 1917 to Aug 12, 1917; that I last saw h. alive on Aug 12, 1917, and that death occurred on the date stated above at 7 P.M. The DISEASE or INJURY causing death was as follows: Appendicitis

AGE 44 yrs. 11 mos. 14 days If less than 1 day hrs. or min.

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

(Duration) yrs. mos. 3 days +

BIRTHPLACE (State or country) Ray

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

NAME OF FATHER Henry Harvey

CONTRIBUTORY Appendectomy Aug 4, 1917  
Peritonitis (Duration) yrs. mos. 8 days

BIRTHPLACE OF FATHER (State or country) K C

(Signed) R Swackhamer, M.D.  
Aug 12, 1917 (Address) Hayden, Ariz.

MAIDEN NAME OF MOTHER Unknown

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) P J Hutton  
(Address) Wilhelmina

LENGTH OF RESIDENCE  
At place of death yrs. mos. ds. In Arizona yrs. mos. ds.  
Former or Usual Residence

PLACE OF BURIAL OR REMOVAL Wilhelmina DATE OF BURIAL OR REMOVAL Aug 13 1917

Filed Aug 31 1917 H. Roberts  
Local Registrar

UNDERTAKER P J Hutton ADDRESS Wilhelmina

Filed Sept 7 1917 B. J. Fox  
County Registrar