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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 874

PLACE OF DEATH
County Yuma
District of Young,
Town _____
Or City _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 282

Local Registrar's No. _____

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

FULL NAME John Blumer,

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male,</u> <u>white,</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED <u>Yes,</u> WIDOWED or DIVORCED	DATE OF DEATH <u>not known</u> <u>Sept</u> 191 <u>7</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Not known, exactly</u> 191____ (Month) (Day) (Year)			I hereby certify, that I attended deceased from _____ 191____ to _____ 191____; that I last saw h_____ alive on _____ 191____, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>Head was found crush-</u> <u>ed and pierced, apparently with</u> <u>bar of iron or steel, and supposed</u> <u>to have been murdered.</u>		
AGE <u>About 54 Years,</u> If less than 1 day _____ _____ yrs. _____ mos. _____ days hrs., or _____ min.			(Duration) _____ yrs. _____ mos. _____ days		
OCCUPATION (a) Trade, profession or particular kind of work <u>Farming,</u> (b) General nature of industry, business, or establishment in which employed or (employer) <u>self employed</u>			Was disease contracted in Arizona? _____ If not, where? _____		
BIRTHPLACE (State or country) <u>Switzerland</u>			CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days		
PARENTS	NAME OF FATHER <u>not known.</u>		(Signed) _____ _____ 191____ (Address) _____		
	BIRTHPLACE OF FATHER (State or Country) <u>Not Known,</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
	MAIDEN NAME OF MOTHER <u>Not Known.</u>		LENGTH OF RESIDENCE <u>Not Known</u>		
	BIRTHPLACE OF MOTHER (State or Country) <u>Not Known</u>		At place of death <u>5</u> yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.		
The Above Is True to the Best of My Knowledge (Informant) <u>M. J. Thompson</u> <u>Ex Officio -</u> (Address) <u>Young, Arizona</u> <u>Coroner.</u>			Former or Usual Residence <u>Young, Arizona.</u>		
PLACE OF BURIAL OR REMOVAL <u>On Homestead</u> <u>Near Young,</u>		DATE OF BURIAL OR REMOVAL <u>Sept. 14th.</u> 191 <u>7</u>		Filed <u>Sept. 24th.</u> 191 <u>7</u> <u>Milton J. Thompson</u> Local Registrar	
UNDERTAKER		ADDRESS		Filed <u>Oct 6</u> 191 <u>7</u> <u>B. J. Swan</u> County Registrar	

WRITE MAINLY, 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.