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WHITE 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.

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 67

ORIGINAL CERTIFICATE OF DEATH

County Registered No.

Local Registrar's No.

PLACE OF DEATH

County Cochise

District

Town Or City Bisbee

No. St.

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

FULL NAME Vade Wesley Graweg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

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

DATE OF BIRTH: Feby (Month) 7 (Day) 1917 (Year)

AGE: 3 yrs. 9 mos. 11 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): Arizona

PARENTS

NAME OF FATHER: Edward A Graweg

BIRTHPLACE OF FATHER (State or country): Ohio A Graweg

MAIDEN NAME OF MOTHER: Charlotte Winn

BIRTHPLACE OF MOTHER (State or country): Ohio Winn Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wilhelmina Gillett

(Address) Holgate Ohio

PLACE OF ~~BURIAL OR~~ REMOVAL: Defiance Ohio

DATE OF ~~BURIAL OR~~ REMOVAL: Sometime Next Feby

UNDERTAKER: W. G. Hubbard

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 6 (Day) 1917 (Year)

I hereby certify, that I attended deceased from Dec. 2 1917 to Dec 6 1917; that I last saw him alive on Dec 6 1917, and that death occurred on the date stated above at 10 45 M. The DISEASE or INJURY causing Death was as follows: Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 4 days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

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

(Signed) G H Fitzgerald

Dec. 7 1917 (Address) Bisbee

*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 Dec 7 1917 D. C. Brown Local Registrar

Filed Dec 7 1917 C. H. Hunt County Registrar