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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

County Greeley  
District \_\_\_\_\_  
Town Ward  
Or City \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 477

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 378  
Local Registrar's No. 110

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

FULL NAME J. H. Catlin

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH \_\_\_\_\_ 191\_\_\_\_  
(Month) (Day) (Year)

AGE 76 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days \_\_\_\_\_ hrs., or \_\_\_\_\_ min.  
If less than 1 day \_\_\_\_\_

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) Ontario

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Ward DATE OF BURIAL OR REMOVAL Dec 19 191\_\_\_\_

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 17 191\_\_\_\_  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from \_\_\_\_\_ 191\_\_\_\_ to \_\_\_\_\_ 191\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 191\_\_\_\_, and that death occurred on the date stated above at \_\_\_\_\_ M. The DISEASE or INJURY causing

Death was as follows: died of old age

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Was disease contracted in Arizona? \_\_\_\_\_  
If not, where? \_\_\_\_\_

CONTRIBUTORY \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) J. M. Kelly Coroner  
Dec 17 191\_\_\_\_ (Address) Ward, Ariz.

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 19 191\_\_\_\_ J. M. Kelly  
Local Registrar

County Registrar