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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 APACHE
District _____
Town SAINT JOHNS, ARIZONA
Or City _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 9

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 5

Local Registrar's No. 1

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

FULL NAME Elijah Green De Witt

PERSONAL AND STATISTICAL PARTICULARS

SEX M Color or Race White SINGLE MARRIED WIDOWED OR DIVORCED

DATE OF BIRTH March 25, 1892
(Month) (Day) (Year)

AGE 25 yrs. 10 mos. 3 days If less than 1 day _____ hrs., or _____ min.

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

BIRTHPLACE (State or country) Arizona

PARENTS NAME OF FATHER Elijah R. De Witt

BIRTHPLACE OF FATHER (State or country) Utah

MAIDEN NAME OF MOTHER Williamth Gray

BIRTHPLACE OF MOTHER (State or country) Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. R. De Witt

(Address) SAINT JOHNS, ARIZONA

PLACE OF BURIAL OR REMOVAL SAINT JOHNS, ARIZONA

DATE OF BURIAL OR REMOVAL July 30, 1918
ADDRESS SAINT JOHNS, ARIZONA

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28, 1918
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 2 1918 to Jan 28 1918; that I last saw him alive on Jan 28 1918, and that death occurred on the date stated above at 4:30 M. The DISEASE or INJURY causing

Death was as follows: Cerebro Spinal Meningitis

(Duration) _____ yrs. 2 mos. 15 days.

Was disease contracted in Arizona? no
If not, where? Camp Funston Kas

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

(Signed) J. P. Boudier, M.D.
Feb 10, 1918 (Address) SAINT JOHNS, ARIZONA

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

LENGTH OF RESIDENCE At place of death 5 yrs. _____ mos. _____ ds. In Arizona 25 yrs. 10 mos. 3 ds.

Former or Usual Residence Filed 7/1 1918 Martin Jensen Local Registrar

Filed Feb 15 1918 J. P. Boudier County Registrar