

1084

PLACE OF DEATH

County Navajo

District _____

Town _____

Or City Snowflake

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 303

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 9

Local Registrar's No. _____

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

FULL NAME Marion Joseph Farr

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH May 8th 1917
(Month) (Day) (Year)

AGE 8 yrs. 19 mos. 19 days If less than 1 day
hrs., or min.

OCCUPATION Child
(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

NAME OF FATHER Joseph G. Farr

BIRTHPLACE OF FATHER (State or country) Arizona

MAIDEN NAME OF MOTHER Gris Flaker

BIRTHPLACE OF MOTHER (State or country) Arizona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph G. Farr

(Address) Snowflake Ariz

PLACE OF BURIAL OR REMOVAL Snowflake DATE OF BURIAL OR REMOVAL Jan 19 1927

UNDERTAKER _____ (ADDRESS) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____
(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: _____

(Duration) _____ yrs. _____ mos. _____ days

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

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

(Signed) _____
_____ 191 (Address)

*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 _____

Jan 26 1927 J. R. Freeman
Filed _____ Local Registrar

_____ 191 J. W. Bazell
County Registrar

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.