1208

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 412

County Registered No.

Local Registrar's No. 1

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Yuma

District Yuma

Town Or City Yuma

No. Yuma Hospital St.

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

FULL NAME Allen Green

PERSONAL AND STATISTICAL PARTICULARS

SEX male

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

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

DATE OF BIRTH Sept 23rd 1916 (Month) (Day) (Year)

AGE 1 yrs 3 mos 9 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) Texas

PARENTS

NAME OF FATHER Kenneth Green

BIRTHPLACE OF FATHER (State or Country) Texas

MAIDEN NAME OF MOTHER Lou Walker

BIRTHPLACE OF MOTHER (State or Country) Texas

The Above Is True to the Best of My Knowledge

(Informant) C E Johnson

(Address) Yuma Ariz

PLACE OF BURIAL OR REMOVAL Yuma Cemetery

DATE OF BURIAL OR REMOVAL 1 191

UNDERTAKER C E Johnson

ADDRESS Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 2nd 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 12/28 1917 to 1-2 1918; that I last saw ~~him~~ alive on 1/2 1918, and that death occurred on the date stated above at 7 A M. The DISEASE or INJURY causing Death was as follows: Acute Ileo-@ Litis

(Duration) yrs mos days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) yrs mos days

(Signed) C E Rooney M.D.

1-3 1918 (Address) Yuma Ariz

*In death 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 3rd 1918 Mary A Wuppermann Local Registrar

Filed Feby 10 1918 Dr C E Rooney County Registrar