

1794

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 Maricopa
District No 3
Town Mesa
Or City Mesa

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 30

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 4532

Local Registrar's No. 387

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

FULL NAME Red L. Pomeroy

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	Color or Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED
DATE OF BIRTH <u>Dec 25</u> 191 <u>7</u> (Month) (Day) (Year)		
AGE <u>2</u> yrs. <u>14</u> mos. <u>14</u> 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) <u>Ariz</u>		
PARENTS	NAME OF FATHER <u>E. L. Pomeroy</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Idaho</u>	
	MAIDEN NAME OF MOTHER <u>Serena Mcquire</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>E. L. Pomeroy</u>		
(Address) <u>Mesa</u>		
PLACE OF BURIAL OR REMOVAL <u>Mesa Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>Mar 10</u> 191 <u>8</u>	
UNDERTAKER <u>H. A. Burton Sons</u>	ADDRESS <u>Mesa</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 9 1918
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Mar 7 1918 to Mar 9 1918; that I last saw ~~him~~ her alive on Mar 8 1918, and that death occurred on the date stated above at 6:45 M. The DISEASE or INJURY causing death was as follows: Bronchitis, acute

(Duration) _____ yrs. _____ mos. _____ days

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

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

(Signed) E. L. Pomeroy
Mar 10 1918 (Address) Mesa 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. 2 mos. 14 ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence _____

Filed 3/10/18 1918 J. E. Drane Local Registrar
Filed April 10 1918 A. B. Nichols County Registrar