

1860

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Maricopa

BUREAU OF VITAL STATISTICS

State Index No. 356

District No 3

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 4538

Town Chandler - Mesa

Local Registrar's No. 393

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

FULL NAME

George Edwards

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH March 24 1918
(Month) (Day) (Year)

DATE OF BIRTH Aug 26 1912
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Mar 17th 1918 to Mar 24 1918; that I last saw him alive on Mar 22 1918, and that death occurred on the date stated above at 3:50 P.M. The DISEASE or INJURY causing death was as follows: Pulmonary Tuberculosis

AGE 45 yrs. 6 mos. 28 days If less than 1 day _____ hrs., or _____ min.

(Duration) 3 yrs. 6 mos. _____ days

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

Was disease contracted in Arizona? no
If not, where? Iowa

BIRTHPLACE (State or country) Wisc.

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

NAME OF FATHER Edward Edwards

(Signed) K. M. Gilbert
Mar 27 1918 (Address) Chandler Ariz

BIRTHPLACE OF FATHER (State or country) Wales

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

MAIDEN NAME OF MOTHER Mary Marrie

BIRTHPLACE OF MOTHER (State or country) Wales

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mary Edwards
(Address) Chandler Ariz

At place of death 3 yrs. _____ mos. _____ ds. In Arizona 3 yrs. _____ mos. _____ ds.

PLACE OF BURIAL OR REMOVAL Mesa Ariz DATE OF BURIAL OR REMOVAL Mar 28 1918

Former or Usual Residence Ayrshire Iowa
Filed 3/26/18 J. L. Drane
Local Registrar

UNDERTAKER M. H. Gibbons ADDRESS Mesa Ariz

Filed April 10 1918 A. O. Nichols
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.