2215

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 171
County Registered No. 144
Local Registrar's No.

PLACE OF DEATH

County Gila
District Globe
Town Or City Globe
No. Globe St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Alvin Delbert Lacey

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.

FILL OUT ALL BLANKS.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: (White) Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: May (Month) 4 (Day) 1917 (Year)

AGE: — yrs 11 mos 26 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): Globe

PARENTS
NAME OF FATHER: Jesse Lacey
BIRTHPLACE OF FATHER (State or country): New Mexico
MAIDEN NAME OF MOTHER: Cassie Austin
BIRTHPLACE OF MOTHER (State or country): New Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse Lacey
(Address) Globe, Ariz.

PLACE OF BURIAL ~~OR REMOVAL~~: Globe Ariz
DATE OF BURIAL ~~OR REMOVAL~~: May 2nd 1918

UNDERTAKER: A. L. Jones Co.
ADDRESS: Globe Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 30 (Day) 1918 (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 10-30 P.M. The DISEASE or INJURY causing death was as follows:

Gastro-enteritis

(Duration) ... yrs ... mos 4 days

Was disease contracted in Arizona? yes
If not, where?
CONTRIBUTORY
(Duration) ... yrs ... mos ... days

(Signed) Alvin Furnel M.D.
April 30 1918 (Address) Globe, 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 11 mos 26 ds. In Arizona — yrs 11 mos 26 ds.
Former or Usual Residence

Filed May 2 1918 B. G. Fox
Local Registrar

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County Registrar