2841

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 228
County Registered No. 4823
Local Registrar's No. 420

PLACE OF DEATH

County Maricopa
District No 3
Town Or City Mesa
No. ..... St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Daniel Earl Bird

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 possible to secure this information. Incorrect certificates will be returned for correction. Make every effort

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

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

DATE OF BIRTH: Jan 26 (Month) (Day) 1917 (Year)

AGE: 1 yrs. 3 mos. 7 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): Ariz

PARENTS
NAME OF FATHER: Reaves Bird
BIRTHPLACE OF FATHER (State or country): Utah
MAIDEN NAME OF MOTHER: Mary Evans
BIRTHPLACE OF MOTHER (State or country): South Dakota

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Reaves Bird
(Address): Mesa

PLACE OF BURIAL ~~OR REMOVAL~~: Mesa Cemetary
DATE OF BURIAL ~~OR REMOVAL~~: May 4 1918

UNDERTAKER: M A Burton & Sons
ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4 (Month) (Day) 1918 (Year)

I hereby certify, that I attended deceased from April 25th 1918 to May 4th 1918; that I last saw him alive on May 4th 1918 and that death occurred on the date stated above at 12 15 AM. The DISEASE or INJURY causing death was as follows:

Measles

(Duration) ..... yrs. ..... mos. 18 days

Was disease contracted in Arizona? Yes

If not, where? .....

CONTRIBUTORY: Pneumonia (Lobular)

(Duration) ..... yrs. ..... mos. 8 days

(Signed) J B Nelson M.D.
May 4th 1918 (Address) Mesa

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

LENGTH OF RESIDENCE
At place of death 1 yrs. 3 mos. 7 ds. In Arizona 1 yrs. 3 mos. 7 ds.

Former or Usual Residence .....

Filed 5/4 1918 J. E. Drane
Local Registrar

Filed June 10 1918 A. B. Nichols
County Registrar