

2933

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 215

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 4843
Local Registrar's No. 440

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

FULL NAME

Bradford K. Bird

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Jan 26 1840
(Month) (Day) (Year)

AGE 78 yrs. 3 mos. 25 days If less than 1 day _____ hrs. of _____ min.

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

BIRTHPLACE (State or country) Ill

NAME OF FATHER Chas Bird

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary A Kennedy

BIRTHPLACE OF MOTHER (State or country) Not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) R A Bird

(Address) Mesa

PLACE OF BURIAL OR REMOVAL Mesa Cemetery DATE OF BURIAL OR REMOVAL May 23 1918

UNDERTAKER W A Burton ADDRESS Don Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1918
(Month) (Day) (Year)

I hereby certify, that I attended deceased from May 21st 1918 to May 21st 1918; that I last saw him alive on May 21 1918 and that death occurred on the date stated above at 2 12 M. The DISEASE or INJURY causing death was as follows: Cardiac Apoplexy

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

Was disease contracted in Arizona? _____

If not, where? _____ CONTRIBUTORY Arterio Sclerosis
(Duration) _____ yrs. _____ mos. _____ days.

Signed J. E. Drane (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 _____ yrs. 6 mos. _____ ds. In Arizona _____ yrs. 6 mos. _____ ds.

Former or Usual Residence Wah

Filed 5 23 1918 J. E. Drane Local Registrar

Filed June 10 1918 W. A. B. Nichols County Registrar