[redacted]

FILL OUT ALL BLANKS

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
APACHE
County
District
Town SAINT JOHNS, ARIZONA
Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No.
County Registered No.
Local Registrar's No. 6a

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

FULL NAME Merlin Lester Plumb

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

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

DATE OF BIRTH: March 8 1917 (Month) (Day) (Year)

AGE: 1 yrs. 3 mos. 17 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): SAINT JOHNS, ARIZONA

PARENTS
NAME OF FATHER: Orson Riley Plumb
BIRTHPLACE OF FATHER (State or country): Mexico
MAIDEN NAME OF MOTHER: Dessie Lillian Neal
BIRTHPLACE OF MOTHER (State or country): Ind.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Dessie Plumb
(Address): SAINT JOHNS, ARIZONA

PLACE OF BURIAL OR REMOVAL: SAINT JOHNS, ARIZONA
DATE OF BURIAL OR REMOVAL: June 26 1918

UNDERTAKER: H. C. Overson
ADDRESS: SAINT JOHNS, ARIZONA

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 25 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from June 20 1918 to June 25 1918; that I last saw him alive on June 25 1918 and that death occurred on the date stated above at 9:00 A.M. The DISEASE or INJURY causing Death was as follows: Acute gastro-enteritis

(Duration) yrs. mos. 7 days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) L. W. Brown M.D.

July 1st 1918. (Address) St Johns, 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 1 yrs. 3 mos. 17 ds. In Arizona ... yrs. ... mos. ... ds.

Former or Usual Residence

Filed July 1, 1918 Martin Jensen, Local Registrar

Filed July 1st 1918 L. W. Brown M.D., County Registrar