

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.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	Marcopla	BUREAU OF VITAL STATISTICS	
District	No 3	State Index No. 302	
Town	Mesa	County Registered No. 4960	
Or City		Local Registrar's No. 457	
ORIGINAL CERTIFICATE OF DEATH			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <i>Charles Eugene Cross</i>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX	Color or Race	MARRIAGE STATUS	
<i>Male</i>	<input checked="" type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED or DIVORCED	
DATE OF BIRTH	<i>July 18 1902</i>		
AGE	<i>15 yrs 10 mos 16 days</i>		
OCCUPATION	<i>None</i>		
BIRTHPLACE	<i>Idaho</i>		
PARENTS			
NAME OF FATHER	<i>W. B. Cross</i>		
BIRTHPLACE OF FATHER	<i>Utah</i>		
MAIDEN NAME OF MOTHER	<i>Amelia A. Anderson</i>		
BIRTHPLACE OF MOTHER	<i>Utah</i>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant)	<i>W. B. Cross</i>		
(Address)	<i>Holbrook</i>		
PLACE OF BURIAL OR REMOVAL	<i>Mesa Cemetery</i>		
DATE OF BURIAL OR REMOVAL	<i>June 5-8 1918</i>		
UNDERTAKER	<i>W. A. Burton &amp; Sons Mesa</i>		
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <i>June 4 1918</i>			
I hereby certify, that I attended deceased from <i>April 27th</i> 1918 to <i>June 4th</i> 1918; that I last saw <i>him</i> alive on <i>June 4th</i> 1918, and that death occurred on the date stated above at <i>4 P. M.</i> The DISEASE or INJURY causing death was as follows: <i>Hypertrophy and Cystic Degeneration of Testis, Body of General Cerebral Sclerosis</i>			
(Duration) <i>8 yrs 1 mos 16 days</i>			
Was disease contracted in Arizona? <i>Yes</i>			
If not, where? <i>Utah</i>			
CONTRIBUTORY <i>Internal Hydrocephalic Pressure</i> (Duration) <i>7 yrs 1 mos 16 days</i>			
(Signed) <i>J. B. Nelson M.D.</i>			
<i>June 4, 1918</i> (Address) <i>Mesa</i>			
*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. / mos. / ds. In Arizona... yrs. / mos. / ds.			
Former or Usual Residence <i>Holbrook</i>			
Filed <i>6/5 1918</i>			
Local Registrar <i>J. E. Drane</i>			
Filed <i>July 9 1918</i>			
County Registrar <i>A. B. Nichols</i>			