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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

ARIZONA STATE BOARD OF HEALTH

County Maricopa

BUREAU OF VITAL STATISTICS

State Index No. 272

District Phoenix
Town
Or City

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 4934
Local Registrar's No. 6571

No. 814 North 7th St. St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Infant of W.H. Heilman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male
Color or Race White
SINGLE MARRIED
WIDOWED
or DIVORCED

DATE OF DEATH June 19 1918
(Month) (Day) (Year)

DATE OF BIRTH June 19 1918
(Month) (Day) (Year)

I hereby certify, that I attended deceased on June 19 1918
191 to 191; that I last saw him alive
on 191, and that death occurred on the date

AGE 2 yrs. 2 mos. 2 days hrs., or 2 min.

stated above at Phoenix M. The DISEASE or INJURY causing
Death was as follows:

OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed or (employer)

Stillborn
(Duration) yrs. mos. days

BIRTHPLACE (State or country) Phoenix Arizona

Was disease contracted in Arizona?
If not, where?

NAME OF FATHER W.H. Heilman

CONTRIBUTORY (Duration) yrs. mos. days

BIRTHPLACE OF FATHER (State or country) Ill

MAIDEN NAME OF MOTHER Mary Foushee

BIRTHPLACE OF MOTHER (State or country) Arizona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W.H. Heilman

(Signed) A.C. Kelly
June 20 1918 (Address) Phoenix Ariz

(Address) 814 N 7th St.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
LENGTH OF RESIDENCE None
At place of death yrs. mos. ds. in Arizona yrs. mos. ds.

PLACE OF BURIAL OR REMOVAL Greenwood Cem DATE OF BURIAL OR REMOVAL June 20 1918

Former or Usual Residence Phoenix
Filed June 21 1918

UNDERTAKER Robert M. Lellan ADDRESS

Local Registrar
Filed July 8 1918 A.B. Nichols
County Registrar