

7891

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.

Com

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
County *Gila* State Index No. *361*
District _____ County Registered No. *468*
Town _____ Local Registrar's No. _____
Or City *Mauie* No. *Lower Mauie* St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

ORIGINAL CERTIFICATE OF DEATH

FULL NAME *Isaac H Henderson*

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u><i>male</i></u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u><i>Oct 18 1918</i></u> (Month) (Day) (Year)		
DATE OF BIRTH _____ (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u><i>Oct 15 1918</i></u> 191 <u><i>8</i></u> to <u><i>Oct 18 1918</i></u> ; that I last saw h <u><i>im</i></u> alive on <u><i>Oct 18 1918</i></u> and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing death was as follows: <u><i>Influenza</i></u> <u><i>& Pneumonia</i></u>		
AGE <u><i>37</i></u> yrs. _____ mos. _____ days _____ hrs., or _____ min. If less than 1 day _____			(Duration) _____ yrs. _____ mos. _____ days.		
OCCUPATION (a) Trade, profession or particular kind of work <u><i>Blacksmith</i></u> (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? _____ If not, where? _____		
BIRTHPLACE (State or country) <u><i>Texas</i></u>			CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days.		
PARENTS	NAME OF FATHER <u><i>John H Henderson</i></u>		(Signed) <u><i>C. M. Cron</i></u> M.D.		
	BIRTHPLACE OF FATHER (State or country) <u><i>Unknown</i></u>		191____ (Address) <u><i>Imperial</i></u>		
	MAIDEN NAME OF MOTHER _____		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
BIRTHPLACE OF MOTHER (State or country) _____			LENGTH OF RESIDENCE _____ At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) _____			Former or Usual Residence _____		
(Address) _____			Filed <u><i>Apr 30 1918</i></u> <u><i>John H Loey</i></u> Local Registrar		
PLACE OF BURIAL OR REMOVAL <u><i>Globe Az</i></u>		DATE OF BURIAL OR REMOVAL <u><i>Oct 19 1918</i></u>			
UNDERTAKER <u><i>J. H. Mills</i></u>		ADDRESS <u><i>Non Mauie G</i></u>			
			Filed <u><i>Nov 5 1918</i></u> <u><i>B. S. Gray</i></u> County Registrar		