2015

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 187

County Registered No. 506

Local Registrar's No. .....

PLACE OF DEATH

County Gila

District .....

Town Or City Miami

No. High School St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME R. Lee Tyler

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

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

SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH ..... (Month) ..... (Day) ..... 191.... (Year)

AGE: 35 yrs. ..... mos. ..... days. If less than 1 day ..... hrs. or ..... min.

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

BIRTHPLACE (State or country)

PARENTS
NAME OF FATHER: R. L. Tyler
BIRTHPLACE OF FATHER (State or country)
MAIDEN NAME OF MOTHER
BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

PLACE OF BURIAL OR REMOVAL: Thatcher Ay

DATE OF BURIAL OR REMOVAL: Nov 10 1918

UNDERTAKER: I H Miles & Son

ADDRESS: Miami Ay

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 29 (Day) 1918 (Year)

I hereby certify, that I attended deceased from ..... 191.... to ..... 191.... ; that I last saw h..... alive on ..... 191...., and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing death was as follows: .....

Influenza & Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... days.

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

..... (Duration) ..... yrs. ..... mos. ..... days.

(Signed) Nelson S Brayton

Nov 3 1918 (Address) Miami

*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 .....

Filed Nov 30 1918 John H Loey
Local Registrar

Filed Dec 5 1918 B. G. Fox
County Registrar

Paid