

2278

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Mohave

BUREAU OF VITAL STATISTICS

State Index No. 749

District _____

ORIGINAL CERTIFICATE OF DEATH

County Registered, No. 43

Town _____

Local Registrar's No. 43

Or City Prigman

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

FULL NAME

John Keupke

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White Black Chinese Mexican ~~Indian~~ ~~Widowed~~ MARRIED SINGLES or DIVORCED

DATE OF DEATH Oct. 26 1918
(Month) (Day) (Year)

DATE OF BIRTH December 11 1935
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Oct. 20 1918 to 10-26 1918; that I last saw him alive on 10-26 1918, and that death occurred on the date stated above at 3 P M. The DISEASE or INJURY causing

AGE 82 yrs. 10 mos. 15 days If less than 1 day _____ hrs., or _____ min.

Death was as follows: Both Aortic disease

OCCUPATION (a) Trade, profession or particular kind of work Mining (b) General nature of industry, business, or establishment in which employed or (employer) _____

(Duration) _____ yrs. _____ mos. _____ days

BIRTHPLACE (State or country) New Jersey

Was disease contracted in Arizona? _____

NAME OF FATHER George Keupke

If not, where? _____

BIRTHPLACE OF FATHER (State or country) America

CONTRIBUTORY asthma
(Duration) _____ yrs. _____ mos. _____ days

MAIDEN NAME OF MOTHER Unknown

(Signed) J.P. White (Address) Prigman
10-28 1918

BIRTHPLACE OF MOTHER (State or country) Unknown

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. O. Keupke

LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

(Address) Goodsprings Nev.

Former or Usual Residence _____

PLACE OF BURIAL OR REMOVAL Prigman Ariz DATE OF BURIAL OR REMOVAL Oct 30 1918

Filed Oct 30 1918 J.P. White Local Registrar

UNDERTAKER Charles Martin Prigman Ariz ADDRESS _____

Filed 11 10 1918 J.P. White County Registrar

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.