

2804

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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

BUREAU OF VITAL STATISTICS

County _____
District _____
Town _____
Or City _____

State Index No. 617

County Registered No. 5515

Local Registrar's No. 7013

ORIGINAL CERTIFICATE OF DEATH

No. 1235 E. Alluvion St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Joseph Murren

PERSONAL AND STATISTICAL PARTICULARS
SEX M Color or Race White Indian Black Chinese Mexican
SINGLE MARRIED WIDOWED or DIVORCED

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH Nov 12 1918
(Month) (Day) (Year)

DATE OF BIRTH _____ 191____
(Month) (Day) (Year)

AGE 69 yrs. _____ mos. _____ days _____ hrs., or _____ min.
If less than 1 day _____

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

I hereby certify, that I attended deceased from Nov 1 1918 to 11/12 1918; that I last saw him alive on Nov 11 1918, and that death occurred on the date stated above at 3:00 P.M. The DISEASE or INJURY causing Death was as follows: Dry Ho

BIRTHPLACE (State or country) Wis 2

NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or Country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or Country) " "

(Duration) 1 yrs. _____ mos. _____ days

Was disease contracted in Arizona? yes
If not, where? _____

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

(Signed) J. J. Cameron
11-15 1918 (Address) _____

*In death 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) md A. B. Anderson
(Address) _____

LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.
Former or Usual Residence Calif

PLACE OF BURIAL OR REMOVAL Front Lawn DATE OF BURIAL OR REMOVAL Nov 18 1918

Filed Nov 20 1918 A. B. Anderson Local Registrar

UNDERTAKER Mrs. G. L. Lill ADDRESS _____

Filed Dec. 10 1918 A. B. Anderson County Registrar