

2838

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 551

County _____
District _____
Town _____
Or City _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 5491

Local Registrar's No. 6989

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

FULL NAME Paul Benjamin Chadlock

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M Color or Race White SINGLE
MARRIED _____
WIDOWED _____
or DIVORCED _____

DATE OF DEATH Nov 24 1918
(Month) (Day) (Year)

DATE OF BIRTH Nov 4 1918
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Nov 24 1918 to Nov 24 1918; that I last saw him alive on Nov 24 1918, and that death occurred on the date stated above at 11 M. The DISEASE or INJURY causing Death was as follows: Typhoid

AGE 18 yrs. _____ mos. _____ days _____ hrs., or _____ min.
If less than 1 day _____

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

(Duration) _____ yrs. _____ mos. _____ days
Was disease contracted in Arizona? No
If not, where? _____

BIRTHPLACE (State or country) Mich

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

NAME OF FATHER John Chadlock

BIRTHPLACE OF FATHER (State or Country) Mich

MAIDEN NAME OF MOTHER Isabell Chadlock

BIRTHPLACE OF MOTHER (State or Country) Mich

The Above Is True to the Best of My Knowledge (Informant) Isabell Chadlock
(Address) _____

(Signed) _____
Nov 24 1918 (Address) _____

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE At place of death _____ yrs. 4 mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.
Former or Usual Residence Mich

PLACE OF BURIAL OR REMOVAL Detroit Mich

DATE OF BURIAL OR REMOVAL Nov 15 1918

UNDERTAKER Wood & Co

ADDRESS _____

Filed Nov 16 1918

Filed Dec 9 1918 A. B. Wood Local Registrar

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.