359

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 355

County Registered No. 576

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Gila

District

Town Or City Miami

No. Near Gibson Van House Miami

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

FULL NAME Clarence Alden

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

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

~~SINGLE~~ MARRIED WIDOWED or DIVORCED

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

AGE 1 yrs — mos — days | If less than 1 day ___ hrs., or ___ min.

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

BIRTHPLACE (State or country) Unknown

PARENTS.

NAME OF FATHER Do

BIRTHPLACE OF FATHER (State or Country) Do

MAIDEN NAME OF MOTHER Do

BIRTHPLACE OF MOTHER (State or Country) Do

The Above Is True to the Best of My Knowledge

(Informant)

(Address)

PLACE OF BURIAL ~~OR REMOVAL~~ Globe Ariz

DATE OF BURIAL ~~OR REMOVAL~~ Nov 13 1918

UNDERTAKER F. L. Jones Bon

ADDRESS Globe Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12th 1918 (Month) (Day) (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

No Doctor

(Duration) ___ yrs ___ mos ___ days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) ___ yrs ___ mos ___ days

(Signed) B. G. Fox Mil

Nov 15 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 ___ mos ___ ds. In Arizona ___ yrs ___ mos ___ ds.

Former or Usual Residence

Filed Nov 15 1918 B. G. Fox Local Registrar

Filed Dec 12 1918 B. G. Fox County Registrar

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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.