

FILL OUT ALL BLANKS. 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

State Index No. 404

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 50
Local Registrar's No. 46

PLACE OF DEATH
County Graham
District
Town Safford
Or City

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

FULL NAME Albino Mejia

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH <u>Dec. 16 - 1882</u> (Month) (Day) (Year)		
AGE <u>36</u> yrs. mos. days hrs., or min. If less than 1 day _____		
OCCUPATION (a) Trade, profession or particular kind of work <u>Book Keeper</u> (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or country) <u>San Jose, Ariz.</u>		
PARENTS	NAME OF FATHER <u>Albino Mejia</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Ariz.</u>	
	MAIDEN NAME OF MOTHER <u>Rubia Mejia</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Ariz.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>H. W. Bloer</u>		
(Address) <u>Safford, Ariz.</u>		
PLACE OF BURIAL OR REMOVAL <u>Douglas, Ariz.</u>	DATE OF BURIAL OR REMOVAL _____ 19 <u>18</u>	
UNDERTAKER <u>W. V. Thorpe</u>	ADDRESS	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24 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 9:45 A.M. The DISEASE or INJURY causing Death was as follows: Pneumonia

(Duration) _____ yrs. _____ mos. _____ days

Was disease contracted in Arizona? yes

If not, where? _____

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

(Signed) H. Warner
Nov 30 1918 (Address) Safford, Ariz.

*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 11/30 1918 W. V. Thorpe
Local Registrar

Filed 12/14 1918 J. R. Stratton
County Registrar