490

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 906

County Registered No. 48

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Mohave

District Oatman

Town Or City Oatman

No. Arizona Hotel St.

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

FULL NAME Adolf Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: Feb. (Month) 12th (Day) 1881 (Year)

AGE: 37 yrs. 9 mos. 10 days

If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): Sweden

PARENTS

NAME OF FATHER: Wm Wilson

BIRTHPLACE OF FATHER (State or country): Sweden

MAIDEN NAME OF MOTHER: Sofia Anderson

BIRTHPLACE OF MOTHER (State or country): Sweden

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred Wilson

(Address) Oatman Ariz.

PLACE OF BURIAL OR REMOVAL: Oatman

DATE OF BURIAL OR REMOVAL: ..... 19....

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 12th (Day) 1918 (Year)

I hereby certify, that I attended deceased from Nov 2nd 1918 to Nov 12 1918; that I last saw him alive on Nov 12 1918, and that death occurred on the date stated above at 11 P.M. The DISEASE or INJURY causing Death was as follows: Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. ..... days 10

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY: Influenza

(Duration) ..... yrs. ..... mos. ..... days 10

(Signed) J. H. Perry, M. D.

12/6 1918 (Address) Kingman

*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 Dec 5 1918 Gadok Sheffield Local Registrar

Filed 12 10 1918 T R White County Registrar