9155

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

ORIGINAL CERTIFICATE OF DEATH

State Index No. 203

County Registered No.

Local Registrar's No. 81

PLACE OF DEATH

County Graham

District

Town Or City Solomonville

No. St.

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

FULL NAME John Bloke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

SINGLE X, MARRIED, WIDOWED, or DIVORCED

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

AGE 74 yrs. ..... mos. ..... 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): Scotland

PARENTS
NAME OF FATHER
BIRTHPLACE OF FATHER (State or country)
MAIDEN NAME OF MOTHER
BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred Bloke

(Address) Solomonville Ariz

PLACE OF BURIAL OR REMOVAL: Safford

DATE OF BURIAL OR REMOVAL: Dec 29 1918

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 28 (Day) 1918 (Year)

I hereby certify, that I attended deceased from 12/ 1918 to 12/28 1918; that I last saw him alive on 12/27 1918, and that death occurred on the date stated above at 2 P.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

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

(Signed) J. M. Stratton

12/28 1918 (Address) Safford

*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 12/31 1918 W. V. Thorpe Local Registrar

Filed ..... 191.. County Registrar