4262

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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. 311

County Registered No. 5867

Local Registrar's No. 7169

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Maricopa

District

Town Or City Phoenix

No. St Josephs Hospital St.

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

FULL NAME Lezin Augustus Amirault

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

Color or Race: ✓ White Indian Black Chinese Mexican

SINGLE ✓ MARRIED WIDOWED or DIVORCED

DATE OF BIRTH Feb 14 - 1918 (Month) (Day) (Year)

AGE 61 yrs mos days | If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country) Canada

PARENTS

NAME OF FATHER Unknown

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) Mrs L. A. Amirault

(Address) Phoenix

PLACE OF BURIAL OR REMOVAL Greenwood

DATE OF BURIAL OR REMOVAL Dec 11 - 1918

UNDERTAKER Moore & McLellan

ADDRESS City

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9 - 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: Cerebral hemorrhage

(Duration) yrs mos days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) yrs mos days

(Signed) Wm Wyler

191 (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 10 yrs mos ds. In Arizona 30 yrs mos ds.

Former or Usual Residence

Filed Dec 13 1918 [signature] Local Registrar

Filed Jan. 8 1919 [signature] County Registrar