4283

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.

PLACE OF DEATH

County Maricopa

District #3

Town Or City Mesa

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 337

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 6014

Local Registrar's No. 662

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

FULL NAME Still birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED DIVORCED

DATE OF BIRTH: Dec. 11, 1918 (Month) (Day) (Year)

AGE: ....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): Mesa Ariz.

PARENTS
NAME OF FATHER: Arthur C. Smith
BIRTHPLACE OF FATHER (State or country): Illinois
MAIDEN NAME OF MOTHER: Amanda Stout
BIRTHPLACE OF MOTHER (State or country): Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. A. C. Smith by phone J.E.D.

(Address)

PLACE OF BURIAL OR REMOVAL: S.W. corner of home lot

DATE OF BURIAL OR REMOVAL: Dec. 12, 1918

UNDERTAKER: Fathers & family

ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 11, 1918. (Month) (Day) (Year)

I hereby certify, that I ~~attended~~ investigated deceased from on Dec. 11 forever 191.... to 191.... ; that I ~~saw~~ saw him alive on ....191...., and that death occurred on the date stated above at ....M. The DISEASE or INJURY causing Death was as follows:

Still birth

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

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

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

(Signed) J. E. Drane Dec. Reg.

12/12/ 1918 (Address) Mesa.

*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 12/12 1918 J. E. Drane
Local Registrar

Filed Jan. 27 1919 A. B. Nichols
County Registrar