9453

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. 503

ORIGINAL CERTIFICATE OF DEATH

County Mohave

District

Town Or City Oatman

County Registered No. 91

Local Registrar's No. 69

No. ..... St.

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

FULL NAME Joseph Craig Givens

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White Indian Black Chinese Mexican

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~or DIVORCED~~

DATE OF BIRTH: April (Month) 1st (Day) 1872 (Year)

AGE: 46 yrs. 8 mos. 2 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): St. Joseph, Mo.

PARENTS

NAME OF FATHER: John Givens

BIRTHPLACE OF FATHER (State or country): U.S.A.

MAIDEN NAME OF MOTHER: Betsy Craig

BIRTHPLACE OF MOTHER (State or country): U.S.A.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. A. Long for Mrs. J. C. Givens

(Address) Oatman, Ariz.

PLACE OF BURIAL OR ~~REMOVAL~~: Mountain View Kingman Ariz

DATE OF BURIAL ~~OR REMOVAL~~: Dec 8 1918

UNDERTAKER: [illegible] Martin

ADDRESS: Kingman Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 3 (Day) 1918 (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:

Accident in mine missed hole.

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

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

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

(Signed) Joder K. Sheffield Coroner

..... 191..... (Address) Kingman 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. 5 mos. ✓ ds. In Arizona 15 yrs. ✓ mos. ✓ ds.

Former or Usual Residence Colorado and Arizona

Filed Dec 8 1918 J. Whitney Local Registrar

Filed 1 10 1919 T. R. White County Registrar