4628

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 678

County Registered No. 767

Local Registrar's No.

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: Pinal

District: Superior

Town Or City:

No. _____ St.

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

FULL NAME: Charles N. Birdsee

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

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

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

DATE OF BIRTH: Unknown 191__ (Month) (Day) (Year)

AGE: 63 yrs. ___ mos. ___ days. If less than 1 day ___ hrs., or ___ min.

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

BIRTHPLACE (State or country): Utah

PARENTS

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or Country): England

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or Country): Ohio

The Above Is True to the Best of My Knowledge

(Informant): Gerald Birdsee

(Address): Pima Ariz.

PLACE OF BURIAL OR REMOVAL: Pima Ariz

DATE OF BURIAL OR REMOVAL: 12/29 1918

UNDERTAKER: E. P. Carr

ADDRESS: Tempe

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 / 26 1918 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 12/20 1918 to 12/23 1918; that I last saw him alive on 12/23 1918, and that death occurred on the date stated above at 1 A.M. The DISEASE or INJURY causing Death was as follows: Apoplexy

(Duration) ___ yrs. ___ mos. 6 days

Was disease contracted in Arizona? yes

If not, where? —

CONTRIBUTORY —

(Duration) ___ yrs. ___ mos. ___ days

(Signed) G. P. Robins

12/28/ 1918 (Address) Superior, Ariz.

*In death from **Violent Causes** state (1) **Means of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.**

LENGTH OF RESIDENCE: 20

At place of death ___ yrs. 1 mos. ___ ds. In Arizona ___ yrs. ___ mos. ___ ds.

Former or Usual Residence: not known

Filed ___ 191__ Local Registrar

Filed Feb. 16 1919 W. G. Rodeel County Registrar