9955

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

ORIGINAL CERTIFICATE OF DEATH

State Index No. 188

County Registered No.

Local Registrar's No. 6

PLACE OF DEATH

County Graham

District Safford

Town Or City Safford

No. ..... St.

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

FULL NAME Lemuel R. Pace

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

SINGLE ✓ MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: January (Month) 13 (Day) 1919 (Year)

AGE: 34 yrs. 1 mos. 13 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) Farmer & Stockraiser

BIRTHPLACE (State or country) Nutrioso Ariz.

PARENTS

NAME OF FATHER W. H. Pace

BIRTHPLACE OF FATHER (State or country) New Harmony Utah

MAIDEN NAME OF MOTHER Katherine Rankin

BIRTHPLACE OF MOTHER (State or country) Salt Lake City Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) V. B. Callison D.D.

(Address) Safford Ariz.

PLACE OF BURIAL OR REMOVAL: Thatcher

DATE OF BURIAL OR REMOVAL: ..... 19..

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 13 (Day) 1919 (Year)

I hereby certify, that I attended deceased from Jan 8 1919 to Jan 13 1919; that I last saw him alive on Jan 13 1919, and that death occurred on the date stated above at 5 A.M. The DISEASE or INJURY causing Death was as follows: Influenza

Hemmorrhage of lung

(Duration) ..... yrs. ..... mos. 5 days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

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

(Signed) V. B. Callison

1919 (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 34 yrs. 1 mos. 13 ds. In Arizona 34 yrs. 1 mos. 13 ds.

Former or Usual Residence

Filed 1/31 1919 W. V. Thorpe
Local Registrar

Filed 2/7 1919 J. N. Stratton
County Registrar