

2176

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

ARIZONA STATE BOARD OF HEALTH

County Maricopa

BUREAU OF VITAL STATISTICS

State Index No. 905

District _____
Town Phoenix
Or City _____

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 6211

Local Registrar's No. 7430

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

FULL NAME Loran J. Blair

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White SINGLE MARRIED
~~Black~~ ~~Chinese~~ ~~Mexican~~ WIDOWED
or DIVORCED

DATE OF DEATH Jan 23 1919
(Month) (Day) (Year)

DATE OF BIRTH Nov 12 1890
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 22
1919 to Jan 23 1919; that I last saw him alive

AGE 28 yrs 2 mos 11 days If less than 1 day _____
hrs. or _____ min.

on Jan 23 1919, and that death occurred on the date
stated above at 4 P.M. The DISEASE or INJURY causing
death was as follows: Pneumonia

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

(Duration) _____ yrs. _____ mos. _____ days

BIRTHPLACE (State or country) Utah

Was disease contracted in Arizona? _____
If not, where? _____

NAME OF FATHER Thomas Blair

CONTRIBUTORY influenza
(Duration) _____ yrs. _____ mos. _____ days

BIRTHPLACE OF FATHER (State or country) England

(Signed) Wm. Miller
1919 (Address) _____

MAIDEN NAME OF MOTHER Elyna Alfred

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY,
and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

BIRTHPLACE OF MOTHER (State or country) Utah

LENGTH OF RESIDENCE
At place of death _____ yrs. _____ mos. _____ ds. In Arizona 20 yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Former or Usual Residence Thatcher Arizona
Filed Jan 27 1919

(Informant) Willard A. Blair

Local Registrar
Filed Feb 10 1919 A. B. Wilcox
County Registrar

(Address) Safford

PLACE OF BURIAL OR REMOVAL Safford Arizona DATE OF BURIAL OR REMOVAL Jan 25th 1919

UNDERTAKER W. A. Burton ADDRESS Low Mesa Arizona