

1602

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

State Index No. 39

County Greenlee District Morenci Ariz County Registered No. 137
Town Morenci Ariz Or City Morenci Ariz Local Registrar's No. 71

ORIGINAL CERTIFICATE OF DEATH

No. Thelph. Dodge Corp. Power House
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Edw K. Tichenor

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	Color or Race White <u>Indian</u> Black Chinese Mexican	SINGLE <u>Married</u> MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>June 19 - 1919</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>July 9 - 1880</u> (Month) (Day) (Year)		AGE <u>38 yrs. 11 mos. 10 days</u> If less than 1 day, hrs., or min.	I hereby certify, that I attended deceased from 191... to 191...; that I last saw him alive on 191... and that death occurred on the date stated above at <u>3508</u> . The DISEASE or INJURY causing death was as follows: <u>Killed by current in contact with live wire</u>		
OCCUPATION (a) Trade, profession or particular kind of work <u>Electrician Helper</u> (b) General nature of industry, business, or establishment in which employed or (employer) <u>Power House</u>			Was disease contracted in Arizona? <u>No</u> If not, where? _____		
BIRTHPLACE (State or country) <u>Smallhouse Kent</u>			CONTRIBUTORY _____ (Duration) yrs. mos. days		
PARENTS NAME OF FATHER <u>Unknown</u>			(Signed) <u>J. M. Kelly (Coroner)</u> <u>June 21 1919</u> (Address) <u>Morenci, Ariz.</u>		
BIRTHPLACE OF FATHER (State or country) _____			In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
MAIDEN NAME OF MOTHER _____			LENGTH OF RESIDENCE At place of death <u>3</u> yrs. <u>3</u> mos. <u>3</u> ds. In Arizona <u>3</u> yrs. <u>3</u> mos. <u>3</u> ds.		
BIRTHPLACE OF MOTHER (State or country) _____			Former or Usual Residence <u>Kentucky</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Filed <u>June 21 1919</u> <u>R. F. Armstrong</u> Deputy Local Registrar		
(Informant) <u>R. F. Armstrong</u>		At place of death <u>3</u> yrs. <u>3</u> mos. <u>3</u> ds. In Arizona <u>3</u> yrs. <u>3</u> mos. <u>3</u> ds.			
(Address) <u>Morenci Ariz</u>		Former or Usual Residence <u>Kentucky</u>			
PLACE OF BURIAL OR REMOVAL <u>Morenci</u>	DATE OF BURIAL OR REMOVAL <u>June 24 1919</u>	Filed <u>June 21 1919</u> <u>R. F. Armstrong</u> Deputy Local Registrar			
UNDERTAKER <u>C. J. Pascoe</u>	ADDRESS <u>Clifton Ariz</u>	County Registrar <u>W. H. ...</u>			