2043

Arizona State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State Index No. 144

County Register. No. 743

Local Registrar's No. 8017

PLACE OF DEATH

County .....

District .....

Town or City ..... No. ..... St.

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

FULL NAME Infant

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR or RACE: (White) Black Mexican Indian Chinese

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: July (Month) 3 (Day) 1919 (Year)

AGE: ....yrs. ....mos. 10 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) —

BIRTHPLACE (State or country.) Phoenix Ariz

PARENTS

NAME OF FATHER Lee P. Callahan

BIRTHPLACE OF FATHER (State or country.) Wash.

MAIDEN NAME OF MOTHER Bonnie Brown

BIRTHPLACE OF MOTHER (State or country.) Wash.

The above is true to the best of my knowledge.

(Informant) Lee P. Callahan

(Address) 1521 W Pierce, Phoenix Ariz.

Place of Burial or Removal	Date of Burial or Removal
R. V. Cem.	7. 14. 1919
Undertaker	Address
L. P. Callahan (father)	1521 W Pierce - City

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 13 (Day), 1919 (Year)

I hereby certify, that I attended deceased from July 3, 1919, to July 13, 1919; that I last saw him alive on July 11, 1919, and that death occurred on the date stated above at 7 P.M. The DISEASE or INJURY causing death was as follows: Premature

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

Was disease contracted in Arizona? yes

If not, where? .....

CONTRIBUTORY .....

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

(Signed) Carl Stringer, M. D.

July 14, 1919. (Address) Phoenix 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 .... years .... months 10 days.

In Arizona .... years .... months .... days.

Former or Usual Residence .....

Filed 7-14-, 1919 H. K. Drumheller Local Registrar.

A True Copy

Filed 8-2, 1919, A. B. McCloskey County Registrar.

By Classification if Rayism cannot be obtained insert the word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.