3236

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 Yavapai

District Humboldt

Town Or City Humboldt

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

317

State Index No.

County Registered No. 269

Local Registrar's No.

No. St.

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

FULL NAME Lebbens T. Larremore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: X White, Indian, Black, Chinese, Mexican

X SINGLE, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Jany. 17, 1847 (Month) (Day) (Year) 191

AGE: 72 yrs. mos. days. If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): Texas

PARENTS

NAME OF FATHER: John Larremore

BIRTHPLACE OF FATHER (State or country): Kentucky

MAIDEN NAME OF MOTHER: Amanda Conway

BIRTHPLACE OF MOTHER (State or country): Arkansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Peter Diskin.

(Address) Humboldt, Arizona.

PLACE OF BURIAL OR REMOVAL: Mt. View Cemetery

DATE OF BURIAL OR REMOVAL: October 17, 1912

UNDERTAKER: Lester Ruffner

ADDRESS: Prescott, Arizona.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 15, 1912. (Month) (Day) (Year) 191

I hereby certify, that I attended deceased from 191 to 191; that I last saw h alive on 191, and that death occurred on the date stated above at M. The DISEASE or INJURY causing death was as follows:

General debility 2 days
Old age 2 and 1 hr. 1 hr.

(Duration) yrs. mos. days.

Was disease contracted in Arizona? yes.

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days.

(Signed) John W. Flynn

Oct 20 1912. Co. Supt Public Health (Address)

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

LENGTH OF RESIDENCE

At place of death 10 yrs. mos. ds. In Arizona 28 yrs. mos. ds.

Former or Usual Residence

Filed Nov 1, 1912 O. E. Wyzinger, M.D. Local Registrar

Filed 12/11 191 John W. Flynn County Registrar