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# ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

State Index No. 274  
County Registered No. 3  
Local Registrar's No. 1

PLACE OF DEATH  
County Navajo  
District  
Town  
Or City Taylor

## ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Rubin Smith

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White Indian  Black  Chinese  Mexican   
SINGLE  MARRIED married WIDOWED  or DIVORCED   
DATE OF BIRTH Sept. 3 1887 191\_\_\_\_\_  
(Month) (Day) (Year)  
AGE 32 yrs. 4 mos. 7 days If less than 1 day, hrs., or min.  
OCCUPATION  
(a) Trade, profession or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

BIRTHPLACE (State or country) Arizona  
PARENTS  
NAME OF FATHER Silas D. Smith  
BIRTHPLACE OF FATHER (State or country) Utah  
MAIDEN NAME OF MOTHER Ellen Larsen  
BIRTHPLACE OF MOTHER (State or country) Utah

The Above is True to the Best of My Knowledge  
(Informant) Elizabeth B. Smith  
(Address) Taylor  
PLACE OF BURIAL OR REMOVAL Taylor DATE OF BURIAL OR REMOVAL Jan. 13 1920  
UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10 1920  
(Month) (Day) (Year)

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: Killed by loaded wagon passing over neck and breaking it.  
(Duration) Instantly yrs. mos. days

Was disease contracted in Arizona? Instantly  
If not, where? \_\_\_\_\_  
CONTRIBUTORY \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. mos. days  
(Signed) Wm. H. Humpal  
191\_\_\_\_ (Address) Winko Ariz.

\*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE  
At place of death 0 yrs. 0 mos. 0 ds. In Arizona 3 yrs. 0 mos. 0 ds.  
Former or Usual Residence Snowflake  
Filed 2/11 1920 Julia Hatch Local Registrar.  
Filed 2/6 1920 Wm. Humpal County Registrar.

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.