

1305

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.

FILL OUT ALL BLANKS

PLACE OF DEATH County <u>Graham</u>		ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		116 State Index No. <u>483</u>
District Town Or City <u>Safford</u>		ORIGINAL CERTIFICATE OF DEATH		County Registered No. <u>14</u> Local Registrar's No. <u>10</u>
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)		FULL NAME <u>John R. Williams</u>		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	SINGLE <u>MARRIED</u> WIDOWED or DIVORCED	DATE OF DEATH <u>Feb. 19th</u> , 19 <u>20</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May 19th 1850</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Feb. 16</u> 19 <u>19</u> to <u>Feb. 19</u> 19 <u>20</u> ; that I last saw h. <u>alive</u> on <u>Feb. 19</u> 19 <u>20</u> , and that death occurred on the date stated above at <u>9 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Pneumonia</u>	
AGE <u>8</u> yrs. <u>26</u> mos. <u>26</u> days If less than 1 day hrs., or _____ min.			(Duration) _____ yrs. _____ mos. _____ days	
OCCUPATION (a) Trade, profession or particular kind of work <u>Retired Photographer</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			Was disease contracted in Arizona? <u>yes</u> If not, where? _____	
BIRTHPLACE (State or country) <u>South Wales I.B.</u>			CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days	
PARENTS	NAME OF FATHER <u>Roderick Williams</u>		(Signed) <u>David Schuck</u> <u>3/7/20</u> (Address) <u>Safford Ariz</u>	
	BIRTHPLACE OF FATHER (State or country) <u>South Wales I.B.</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Anna Pryce</u>		LENGTH OF RESIDENCE At place of death... yrs... mos... ds. In Arizona... yrs... mos... ds.	
	BIRTHPLACE OF MOTHER (State or country) <u>South Wales I.B.</u>		Former or Usual Residence _____	
The Above is True to the Best of My Knowledge (Informant) <u>Roderick Williams</u> (Address) <u>Safford Ariz</u>			Filed <u>3-9-1920</u> <u>Alva Burns</u> Local Registrar.	
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL <u>Feb 20</u> 19 <u>20</u>		Filed <u>3-9-1920</u> <u>J. H. Stratton</u> County Registrar.
UNDERTAKER		ADDRESS		