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PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Navajo  
District Lakeside  
Town Puetop  
Or City

State Index No. 324  
County Registered No. 297  
Local Registrar's No. 3

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Coleman Ray Perrod.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

|  |  |  |
|--|--|--|
| SEX<br><u>Male</u>   | Color or Race<br>White <u>Indy</u><br><del>Black</del><br>Mexican                            | SINGLE<br>MARRIED <u>-</u><br>WIDOWED<br>or DIVORCED |
| DATE OF BIRTH<br><u>April 27 1920</u><br>(Month) (Day) (Year)  | AGE<br><u>25</u> yrs. <u>10</u> mos. <u>2</u> days<br>If less than 1 day...<br>hrs., or min. |  |
| OCCUPATION<br>(a) Trade, profession or particular kind of work... <u>Farmer</u><br>(b) General nature of industry, business, or establishment in which employed or (employer)                                  |  |  |
| BIRTHPLACE<br>(State or country) <u>Arizona</u>  |  |  |
| PARENTS<br>NAME OF FATHER <u>Albert Perrod</u><br>BIRTHPLACE OF FATHER (State or country) <u>Utah</u><br>MAIDEN NAME OF MOTHER <u>Mary C. Beckstead</u><br>BIRTHPLACE OF MOTHER (State or country) <u>Utah</u> |  |  |
| The Above is True to the Best of My Knowledge<br>(Informant) <u>John L. Fresh</u><br>(Address) <u>Lakeside, Ariz</u>   |  |  |
| PLACE OF BURIAL OR REMOVAL<br><u>Puetop Ariz</u>   | DATE OF BURIAL OR REMOVAL<br><u>Feb. 29 1920</u>   | UNDERTAKER<br>ADDRESS                                |

DATE OF DEATH  
February 29 1920  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from July 25 1920 to July 28 1920; that I last saw him alive on July 28 1920, and that death occurred on the date stated above at 10 P.M. The DISEASE or INJURY causing Death was as follows: Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 15 days.  
Was disease contracted in Arizona? Yes  
If not, where? \_\_\_\_\_

CONTRIBUTORY Spunk Influenza  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 16 days  
(Signed) W. H. Simpson  
1919 (Address) Puetop, 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 25 yrs. 10 mos. 2 ds. In Arizona... yrs. mos. ds. 15 10 2  
Former or Usual Residence \_\_\_\_\_

Filed Mich 5 1920  
John L. Fresh  
Local Registrar.  
Filed Mich 5 1920  
W. H. Simpson  
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.