

1753

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

ARIZONA STATE BOARD OF HEALTH

R. A. WATKINS PRINTING CO. 5607

County Yuma

BUREAU OF VITAL STATISTICS

State Index No. 859

District Yuma
Town Yuma
Or City

ORIGINAL CERTIFICATE OF DEATH

County Registered No. _____

Local Registrar's No. 32

No. Fishbough apt 5 St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Wilburn Earl Dow

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male Color or Race White SINGLE
 MARRIED
 WIDOWED
 DIVORCED

DATE OF DEATH Feb 2nd 1920
(Month) (Day) (Year)

DATE OF BIRTH Feb 25 1893
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 1919 to Feb 2nd 1920; that I last saw him alive on Feb 2 1920, and that death occurred on the date stated above at 12:30 A.M. The DISEASE or INJURY causing

AGE 26 yrs. 11 mos. 7 days If less than 1 day... hrs., or min.

OCCUPATION (a) Trade, profession or particular kind of work mechanic
(b) General nature of industry, business, or establishment in which employed or (employer) 13

Death was as follows: Heart failure
hypertension
(Duration) 2 yrs. 0 mos. 0 days.

BIRTHPLACE (State or country) North Carolina

Was disease contracted in Arizona? Yes

NAME OF FATHER Warren Dow

If not, where? _____ CONTRIBUTORY _____

BIRTHPLACE OF FATHER (State or country) N.C.

(Signed) [Signature] _____
1920 (Address) Yuma, Ariz.

MAIDEN NAME OF MOTHER Louise Powell

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

BIRTHPLACE OF MOTHER (State or country) N.C.

LENGTH OF RESIDENCE At place of death... yrs... mos... ds. In Arizona... yrs... mos... ds.

The Above is True to the Best of My Knowledge (Informant) [Signature]

Former or Usual Residence _____

PLACE OF BURIAL OR REMOVAL Oak Point Wash 2-4 DATE OF BURIAL OR REMOVAL 1920

Filed 2/21 1920 [Signature] Local Registrar.

UNDERTAKER [Signature] ADDRESS Yuma Ariz.

Filed 2/28 1920 [Signature] County Registrar.