1943

R. A. WATKINS PRINTING CO., PHOENIX

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 163

County Graham

District

Town Or City Hubbard

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 26

Local Registrar's No. 5

No. ..... St.

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

FULL NAME John Fleishaw

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

Color or Race White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH Nov. 23 1836 (Month) (Day) (Year)

AGE 83 yrs. 4 mos 6 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) Unknown

PARENTS

NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

The Above Is True to the Best of My Knowledge

(Informant) Dave Fleishaw

(Address) Safford

PLACE OF BURIAL OR REMOVAL Pima

DATE OF BURIAL OR REMOVAL 3-31 1920

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 29, 1920 (Month) (Day) (Year)

I hereby certify, that I attended deceased from March 27 1920 to 3/27 1920; that I last saw him alive on March 27 1920, and that death occurred on the date stated above at — P.M. The DISEASE ~~or INJURY~~ causing Death was as follows: Old age

(Duration) ..... yrs. ..... mos. ..... days.

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY —

(Duration) ..... yrs. ..... mos. ..... days.

(Signed) R C Dryden M.D.

Apr 12th 1920 (Address) Pima

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

LENGTH OF RESIDENCE

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

Former or Usual Residence

Filed Apr 12th 1920 Mrs. R. C. Dryden Local Registrar.

Filed 4-12 1920 J. G. Strathon County Registrar.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICANS 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.