2391

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 4
County Registered No. 4
Local Registrar's No. 14

PLACE OF DEATH
County Apache
District
Town
Or City Saint Johns

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

FULL NAME Stillbirth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White ~~Indian~~ Black ~~Chinese~~ ~~Mexican~~

SINGLE ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH April 16 1920 (Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ days. If less than 1 day _____ hrs., or _____ min.

OCCUPATION
(a) Trade, profession or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Saint Johns, Ariz

PARENTS
NAME OF FATHER Francis Day Jr.
BIRTHPLACE OF FATHER (State or Country) Apache Co
MAIDEN NAME OF MOTHER Laura Farr
BIRTHPLACE OF MOTHER (State or Country) Arizona

The Above Is True to the Best of My Knowledge
(Informant) Margaret Davis
(Address) St Johns, Ariz

PLACE OF BURIAL OR REMOVAL
DATE OF BURIAL OR REMOVAL April 17 1920
UNDERTAKER
ADDRESS St Johns, Ariz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 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: Stillbirth following Influenza of Mother

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

Was disease contracted in Arizona? _____

If not, where? _____

CONTRIBUTORY _____

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

(Signed) T. J. Bouldin

_____ 191___ (Address) St Johns 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 __ yrs. __ mos. __ ds. In Arizona __ yrs. __ mos. __ ds.

Former or Usual Residence _____

Filed 4/29 1920 Martin Gusson
Local Registrar

Filed May 10 191 T. J. Bouldin
CO. SUP County Registrar

PLEASE PRINT PLAINLY. THE QUESTIONS to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As

ANSWERS STATE CAUSE OF DEATH in ... "unknown." Make every effort ... stated ... 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.

... "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*