150

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.

# ARIZONA STATE BOARD OF HEALTH

**BUREAU OF VITAL STATISTICS**

**ORIGINAL CERTIFICATE OF DEATH**

PLACE OF DEATH
County Maricopa
District No 3
Town Or City Mesa

State Index - - No. [illegible]
County Registered No. 9123
Local Registrar's - No. 106

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

FULL NAME Kenneth Quentin Hurr

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White X Indian, Black, Chinese, Mexican

SINGLE X, MARRIED, WIDOWED or DIVORCED

DATE OF BIRTH: Oct 26 1919 (Month) (Day) (Year)

AGE: ..... yrs. 6 mos. 5 days | If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or Country): Ariz

PARENTS
NAME OF FATHER: G P Hurr
BIRTHPLACE OF FATHER (State or Country): N Carolina
MAIDEN NAME OF MOTHER: Mary C. Hathcock
BIRTHPUACE OF MOTHER (State or country): N Carolina

The Above is True to the Best of My Knowledge
(Informant) G P Hurr
(Address) Mesa

PLACE OF BURIAL OR REMOVAL: Mesa Cemetary
DATE OF BURIAL OR REMOVAL: May 2 1920

UNDERTAKER: [illegible]
ADDRESS: Mesa

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1, 1920 (Month) (Day) (Year)

I hereby certify that I attended deceased from Nov 30 1920 to May 1st 1920; that I last saw him alive on May 1st 1920, and that death occurred on the date stated above at 5:30 A.M. The DISEASE or INJURY causing death was as follows: Acute Indigestion

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

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Gastro-enteritis

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

(Signed) F. W. Brown M.D.

May 2nd 1920 (Address) Mesa, Ariz.

If 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 Ariz. ..... yrs. ..... mos. ..... ds.

Former or Usual Residence

Filed 5-2-1920 J. E. Drane
Local Registrar.

Filed 6-10-1920 H. R. Carson
County Registrar.