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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 85

County Registered No. 202

Local Registrar's No. 1

PLACE OF DEATH

County Yuma

District Winkelman

Town Or City Winkelman

No.

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

FULL NAME Addison Pope Butler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

~~SINGLE~~ MRRIED ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: Jan. 15 (Month) (Day) 1849 (Year)

AGE: 71 yrs. 5 mos. 12 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): Mississippi

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)
(Address)

PLACE OF BURIAL OR REMOVAL: Winkelman

DATE OF BURIAL OR REMOVAL: June 28 1920

UNDERTAKER: P. Hunter

ADDRESS: Winkelman

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27 (Month) (Day), 1920 (Year)

I hereby certify that I attended deceased from May 10 1920 to June 27 1920; that I last saw him alive on June 27 1920, and that death occurred on the date stated above at 2:00 P.M. The DISEASE or INJURY causing death was as follows:

Chronic Gastritis + Organic Heart Disease + Nephritis

(Duration) 2 yrs. mos. days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY Arteriosclerosis

(Duration) 5 yrs. mos. days

(Signed) Leonard Albood M.D.

June 27 1920 (Address) Winkelman 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 Ariz. yrs. mos. ds.

Former or Usual Residence

Filed June 30 1920 H. Roberts
Local Registrar.

Filed July 9 1920 B. G. Dial
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.