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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

BUREAU OF VITAL STATISTICS

County Maricopa

District No 3

Town Or City Chandler

State Index - - No. 159

County Registered No. 9295

Local Registrar's - No. 141

ORIGINAL CERTIFICATE OF DEATH

No. ..... St.

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

FULL NAME Abner Higgins

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

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

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

DATE OF BIRTH Jan 31 1869 (Month) (Day) (Year)

AGE 51 yrs 4 mos 8 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) Miner

BIRTHPLACE (State or Country) Utah

PARENTS

NAME OF FATHER Nelson Higgins

BIRTHPLACE OF FATHER (State or Country) MO (Lowry)

MAIDEN NAME OF MOTHER Sarah J Lowry

BIRTHPUACE OF MOTHER (State or country) Ill

The Above is True to the Best of My Knowledge

(Informant) Sarah A Higgins

(Address) Chandler

PLACE OF BURIAL OR ~~REMOVAL~~ Mesa Cemetary

DATE OF BURIAL OR ~~REMOVAL~~ June 10 / 1920

UNDERTAKER Mr J Burton & Sons

ADDRESS Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8, 1920 (Month) (Day) (Year)

I hereby certify that I attended deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19....., and that death occurred on the date stated above at 2 a.m. The DISEASE or INJURY causing death was as follows: Natural

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

Was disease contracted in Arizona? .....

If not, where? .....

CONTRIBUTORY .....

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

(Signed) S M Arnold Justice of the Peace and Coroner (Address) Chandler Precinct, Maricopa Co Arizona

*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE 29 yrs

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

Former or Usual Residence Cochise Co Ariz

Filed 6-10 / 1920 J. E. Drane Local Registrar.

Filed 7-21 / 1920 County Registrar.