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PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 445

County Yuma
District Armerston
Town
Or City

ORIGINAL CERTIFICATE OF DEATH

County Registered No.
Local Registrar's No. 119

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

FULL NAME William Daniel Cummins

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX _____ Color or Race White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~ SINGLE MARRIED WIDOWED DIVORCED

DATE OF DEATH June 9, 1920
(Month) (Day) (Year)

DATE OF BIRTH March 2, 1885 1912
(Month) (Day) (Year)

I hereby certify, that I attended deceased from June 9, 1920 to June 9, 1920; that I last saw him alive on June 9, 1920, and that death occurred on the date stated above at 7 P. M. The DISEASE or INJURY causing Death was as follows:

AGE 32 yrs. 2 mos. 7 days If less than 1 day hrs., or min.

Typhoid Fever
(Duration) _____ yrs. _____ mos. 10 days

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

Was disease contracted in Arizona? yes
If not, where?

BIRTHPLACE (State or country) Texas

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

NAME OF FATHER Charles Thomas Cummins

(Signed) George A. ...
6/9 1920 (Address) Yuma - Ariz.

BIRTHPLACE OF FATHER (State or country) Missouri

MAIDEN NAME OF MOTHER Maie Anna Webb

BIRTHPLACE OF MOTHER (State or country) Texas

*In death from Violent Cause, 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 California

The Above is True to the Best of My Knowledge
(Informant) W. Johnson
(Address) Yuma Ariz

Filed June 10, 1920
Local Registrar.

PLACE OF BURIAL OR REMOVAL Yuma Cemetery DATE OF BURIAL OR REMOVAL 6-10 19120

UNDERTAKER W. Johnson ADDRESS Yuma Ariz

Filed _____ 191 _____ 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.