4545

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

State Index - - No. 101
County Registered No. 66
Local Registrar's No. 49

PLACE OF DEATH
County Graham
District
Town
Or City Pima

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

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
Color or Race: White
SINGLE, MARRIED, WIDOWED or DIVORCED: Single

DATE OF BIRTH: 8 3 1920 (Month) (Day) (Year)

AGE: ___ yrs. ___ mos. ___ days | If less than 1 day 5 hrs., or 10 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): Pima, Graham

PARENTS
NAME OF FATHER: Wm Acf Calvin
BIRTHPLACE OF FATHER (State or country): Eden
MAIDEN NAME OF MOTHER: Nettie Buhl,
BIRTHPLACE OF MOTHER (State or country): Pima

The Above is True to the Best of My Knowledge
(Informant)
(Address)

PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL OR REMOVAL 19

UNDERTAKER | ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 3, 1920 (Month) (Day) (Year)

I hereby certify that I attended deceased from Aug 3, 1920 to Aug 3, 1920; that I last saw him alive on Aug 3, 1920, and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing death was as follows: Premature, Placenta Previa Lateralis,

(Duration) ___ yrs. ___ mos. ___ days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) ___ yrs. ___ mos. ___ days

(Signed) J W Morris MD,
1920 (Address) Safford,

*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 9-5 1920 Alma Burns, Local Registrar.

Filed 9-10 1920 J. K. Stratton, County Registrar.