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WALLET STAINLESS WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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

State Index No. 345

County Yuma
District
Town
Or City Yuma

County Registered No. 171
Local Registrar's No. 161

ORIGINAL CERTIFICATE OF DEATH

No. 360-4th-ave St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Richard Stanley Behanus

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican	MARRIED <input checked="" type="checkbox"/> SINGLE WIDOWED or DIVORCED	DATE OF DEATH <u>Sept. 17th 1920</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Aug. 27- 1918</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Nov 9/16</u> 1920 to <u>Jan 9/17</u> 1920; that I last saw him alive on <u>9/17</u> 1920, and that death occurred on the date stated above at <u>5 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Simple meningitis - streptococic type</u>	
AGE <u>2</u> yrs. <u>0</u> mos. <u>20</u> days			(Duration) <u>5</u> yrs. <u>0</u> mos. <u>0</u> days	
OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed or (employer) <u>Child</u>			Was disease contracted in Arizona? <u>Yes</u> If not, where? _____	
BIRTHPLACE (State or country) <u>Beaumont Calif</u> <u>Riverside, Calif</u>			CONTRIBUTORY (Duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> days	
PARENTS	NAME OF FATHER <u>James M. Behanus</u>		(Signed) <u>C. C. Rooney M.D.</u> <u>9/18 1920</u> (Address) <u>Yuma, Ariz</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Yuma, Ariz</u>		*In death from Violent Cause state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Mary Louise Aches</u>		LENGTH OF RESIDENCE At place of death <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds. In Arizona <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.	
BIRTHPLACE OF MOTHER (State or country) <u>Florence, Ariz</u>			Former or Usual Residence _____	
The Above is True to the Best of My Knowledge (Informant) <u>James M. Behanus</u> (Address) <u>Yuma, Arizona</u>			Filed <u>Sept. 17 1920</u> <u>Mary D. Hoffman</u> Local Registrar.	
PLACE OF BURIAL OR REMOVAL <u>Yuma Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>9-17 1920</u>		Filed <u>10/10 1920</u> <u>C. C. Rooney M.D.</u> County Registrar.
UNDERTAKER <u>A. Johnson</u>		ADDRESS <u>Yuma Ariz.</u>		