

2358

FILL OUT, AVOID 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

PLACE OF DEATH  
 County Maricopa State Index - No. 144  
 District No 3 County Registered No. 9839  
 Town Alma Mesa ORIGINAL CERTIFICATE OF DEATH Local Registrar's - No. 227  
 Or City Alma Road No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Still Born Child of Golden Hunsaker

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED OR DIVORCED
DATE OF BIRTH <u>Still Born Oct 9 1920</u> (Month) (Day) (Year)		
AGE <u>Still Born</u> If less than 1 day yrs. mos. days 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)		
BIRTHPLACE (State or Country) <u>Ariz</u>		
PARENTS	NAME OF FATHER <u>Golden Hunsaker</u>	
	BIRTHPLACE OF FATHER (State or Country) <u>Ariz</u>	
	MAIDEN NAME OF MOTHER <u>Ruperta Brimhall</u>	
	BIRTHPLACE OF MOTHER (State or country) <u>Ariz</u>	
The Above is True to the Best of My Knowledge (Informant) <u>M. M. Brimhall</u> (Address) <u>Mesa</u>		
PLACE OF BURIAL OR REMOVAL <u>Mesa Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>Oct 10 1920</u>	
UNDERTAKER <u>M. A. Burton</u> ADDRESS _____		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
Oct 9 1920  
(Month) (Day) (Year)

I hereby certify that I attended deceased from Oct 9 1920 to Oct 9 1920; that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date stated above at \_\_\_\_\_ M. The DISEASE or INJURY causing death was as follows:  
Stillborn  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Was disease contracted in Arizona? \_\_\_\_\_  
If not, where? \_\_\_\_\_

CONTRIBUTORY  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
(Signed) J. E. Drang  
Oct 10 1920 (Address) Mesa, Ariz

(1) 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 Oct 11 1920 J. E. Drang Jr. Local Registrar  
Filed Nov 9 1920 R. B. ... County Registrar