2451

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

County Maricopa

District

Town Or City Phoenix

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 241

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 9825

Local Registrar's No. 9541

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

FULL NAME Valentine Dillon

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

Color or Race: ~~Indian~~ Indian ~~Indian~~ ~~Indian~~

SINGLE: ~~Indian~~ ~~Indian~~ ~~Indian~~

DATE OF BIRTH: ? (Month) ? (Day) 1899 (Year)

AGE: 21 yrs. mos. days — If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country): Arizona

PARENTS

NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): Arizona

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Arizona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. J. Wheeler Dr.

(Address) East Farm

PLACE OF BURIAL OR REMOVAL: Forest Lawn

DATE OF BURIAL OR REMOVAL: 10/30 — 20 191

UNDERTAKER: The Geo. T. Merryman Co.

ADDRESS: PL

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 28 (Day) 1920 (Year)

I hereby certify, that I attended deceased from Oct. 21 1920 to Oct. 28 1920; that I last saw him alive on Oct. 28 1920, and that death occurred on the date stated above at 5:15 P.M. The DISEASE or INJURY causing death was as follows: pulmonary tuberculosis

(Duration) ? yrs. mos. days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) Dr. A. J. Wheeler

Oct. 29 1920 (Address) Indian School Phoenix

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death — yrs. — mos. 7 ds. In Arizona 21 yrs. — mos. — ds.

Former or Usual Residence San Carlos, Ariz.

Filed Oct 30 1920 Dr. H. H. Beauchamp Local Registrar

Filed Nov. 3 1920 H. R. Carson County Registrar