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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 Graham

District Safford

Town Or City Artesia

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - No. 105

County Registered No. 4

Local Registrar's - No. 4

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Norman Eugene Allred

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

Color or Race: White ✓ Indian; Black; Chinese; Mexican

SINGLE ✓; MARRIED; WIDOWED; or DIVORCED

DATE OF BIRTH: April 18 1920 (Month) (Day) (Year)

AGE: — yrs. 8 mos. 2 days; If less than 1 day ..... 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): Infant

BIRTHPLACE (State or Country): Arizona

PARENTS

NAME OF FATHER: G. Monford Allred

BIRTHPLACE OF FATHER (State or Country): Utah

MAIDEN NAME OF MOTHER: Amanda Higgins

BIRTHPUACE OF MOTHER (State or country): Arizona

The Above is True to the Best of My Knowledge

(Informant) G. M. Allred

(Address) Artesia, Ariz.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL ..... 19....

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 20, 1920 (Month (Day) (Year)

I hereby certify that I attended deceased from 12-16 1920 to 12-20 1920; that I last saw her alive on 12-20 1920, and that death occurred on the date stated above at 3 a.M. The DISEASE or INJURY causing death was as follows: Bronchial Pneumonia

..... (Duration)) ..... yrs. ..... mos ..... days.....

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY Influenza

..... (Duration) ..... yrs. ..... mos. ..... days.....

(Signed) J. M. Stratton M.D.

1/21/21 (Address) Safford, Ariz.

*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 2-5 1920 Alma Burns, Local Registrar.

Filed 2-10 1920 J. M. Stratton County Registrar.