

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Term. 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. <u>224</u>
County <u>Maricopa</u>	District <u>No 3</u>			County Registered No. <u>96</u>
Town <u>Mesa</u>	Or City <u>Mesa</u>	ORIGINAL CERTIFICATE OF DEATH		Local Registrar's - No. <u>16</u>
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Benjamin A Noble</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican <input type="checkbox"/>	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED	DATE OF DEATH <u>Jan 16</u> , 19 <u>21</u> (Month (Day) (Year))	
DATE OF BIRTH <u>July 31</u> , 18 <u>41</u> (Month) (Day) (Year)	AGE <u>79</u> yrs. <u>5</u> mos. <u>16</u> days hrs., or min. If less than 1 day		I hereby certify that I attended deceased from <u>Jan 1</u> 19 <u>21</u> to <u>Jan 16</u> 19 <u>21</u> ; that I last saw him alive on <u>Jan 14</u> 19 <u>21</u> and that death occurred on the date stated above at <u>3 P.M.</u> The DISEASE or INJURY causing death was as follows: <u>Old age</u> <u>discouragement heart failure</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed or (employer)	BIRTHPLACE (State or Country) <u>Utah</u>		(Duration) _____ yrs. <u>30</u> mos. _____ days	
PARENTS	NAME OF FATHER <u>Joseph B. Noble</u>	Was disease contracted in Arizona? _____		
	BIRTHPLACE OF FATHER (State or Country) <u>N. Y.</u>	If not, where? _____		
	MAIDEN NAME OF MOTHER <u>Mary G. Benham</u>	CONTRIBUTORY _____		
	BIRTHPLACE OF MOTHER (State or country) <u>N. Y.</u>	(Duration) _____ yrs. _____ mos. _____ days		
The Above is True to the Best of My Knowledge (Informant) <u>Mrs Jos W. Clark</u> (Address) <u>Mesa</u>		(Signed) <u>Ed. J. Drane Jr.</u> <u>Jan 18 1921</u> (Address) <u>Mesa Ariz</u>		
PLACE OF BURIAL OR REMOVAL <u>Mesa Cemetery</u>	DATE OF BURIAL OR REMOVAL <u>Jan 19</u> , 19 <u>21</u>	In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.		
UNDERTAKER <u>W. G. Burton</u>	ADDRESS <u>Wono Mesa</u>	LENGTH OF RESIDENCE At place of death <u>2</u> yrs. _____ mos. _____ ds. In Ariz. <u>3</u> yrs. _____ mos. _____ ds.		
		Former or Usual Residence _____		
		Filed <u>Jan 18</u> 19 <u>21</u> <u>J. E. Drane Jr.</u> Local Registrar.		
		Filed <u>2-8</u> 19 <u>21</u> <u>Dr. Grant S. Monice</u> County Registrar.		