798

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIAN 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 No 3

Town Or City Tempe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 202

County Registered No. 101

Local Registrar's - No. 21

No. ..... St.

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

FULL NAME Walter B Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

Color or Race White X ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

SINGLE X ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH May 28 1875 (Month) (Day) (Year)

AGE 45 yrs. 7 mos. 23 days | If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed or (employer) 19

BIRTHPLACE (State or Country) Kansas

PARENTS

NAME OF FATHER J A Williams

BIRTHPLACE OF FATHER (State or Country) England

MAIDEN NAME OF MOTHER Lucy Broughton

BIRTHPUACE OF MOTHER (State or country) Ill.

The Above is True to the Best of My Knowledge

(Informant) J A William

(Address) Tempe

PLACE OF BURIAL OR ~~REMOVAL~~ Mesa Cemetary

DATE OF BURIAL OR ~~REMOVAL~~ Jan 23 1921

UNDERTAKER W A Burton & Sons

ADDRESS Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22, 1921 (Month) (Day) (Year)

I hereby certify that I attended deceased from Dec. 30/ 1920 to Jany 18/ 1921; that I last saw him alive on Jan 7/ 1921, and that death occurred on the date stated above at 8 a.m. The DISEASE or INJURY causing death was as follows: Mitral insufficiency duration a number of months (Duration)) ..... yrs. ..... mos ..... days

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY Cardiac Dilatation (Duration) seven months yrs. ..... mos. ..... days

(Signed) J. E. Drane Jr.

1-21/ 1921 (Address) Mesa, 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 2/6 yrs. ..... mos. ..... ds. In Ariz 2/6 yrs. ..... mos. ..... ds.

Former or Usual Residence Kansas

Filed Jan. 22 1921 J. E. Drane Jr. Local Registrar.

Filed 2-8 1921 Dr. Grant S. Monical County Registrar.