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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No.
County Registered No. 331
Local Registrar's No. 44

PLACE OF DEATH
County Maricopa
District, Town Or City Glendale

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

FULL NAME Ralph Griffith.

FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that is, AGE should be stated EXACTLY. 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.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

SINGLE / MRRIED / WIDOWED ✓ / or DIVORCED

DATE OF BIRTH ..... 19..... (Month) (Day) (Year)

AGE 84 yrs. 1 mos. 18 days | If less than 1 day ..... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed or (employer): 18

BIRTHPLACE (State or country): Iowa

PARENTS
NAME OF FATHER: Wm Brown
BIRTHPLACE OF FATHER (State or country): Ireland
MAIDEN NAME OF MOTHER: Ann Brown
BIRTHPLACE OF MOTHER (State or country): Ireland

The Above Is True to the Best of My Knowledge
(Informant) Willie Griffith
(Address) Benedetti

PLACE OF BURIAL OR REMOVAL: Glendale Cem
DATE OF BURIAL OR REMOVAL: 2-14 1921

UNDERTAKER | ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Feb. 12, 1921
(Month) (Day) (Year)

I hereby certify that I attended deceased from Feb. 11 1921 to Feb 12 1921; that I last saw him alive on Feb. 12 1921, and that death occurred on the date stated above at 9 P.M. The DISEASE or INJURY causing death was as follows:

Cerebral Hemorrhage.

(Duration) ..... yrs. ..... mos. 1/2 days

Was disease contracted in Arizona? yes.

If not, where?

CONTRIBUTORY

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

(Signed) John M. Pearson
2-13 1921 (Address) Glendale 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 Feb 14 1921 — Local Registrar.

Filed 3/11/21 — County Registrar.