1825

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 242
County Registrar's No. 417
Local Registrar's - No. 10125

PLACE OF DEATH

County
District
Town Or City

No. 11 Mi. West Fowler District St.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Boro Curtis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: 9 (Month) 9 (Day) 192 (Year)

AGE 3 yrs. mos. 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)

BIRTHPLACE (State or Country) Ariz.

PARENTS
NAME OF FATHER Dick Curtis
BIRTHPLACE OF FATHER (State or Country) Mex.
MAIDEN NAME OF MOTHER Annie Rogers
BIRTHPLACE OF MOTHER (State or Country) Utah

The Above is True to the Best of My Knowledge.
(Informant) W. F. Hawkins
(Address) R. # 4 Phoenix Ariz.

PLACE OF BURIAL OR REMOVAL: Mesa Cem.
DATE OF BURIAL OR REMOVAL: March 20 1921
UNDERTAKER: Dick Curtis
ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 19 (Month) (Day) 1921 (Year)

I hereby certify that I attended deceased from Mch 7 1921, to Mch 18 1921; that I last saw him alive on Mch 18 1921, and that death occurred on the date stated above at 2-5 P.M. The DISEASE or INJURY causing death was as follows: Acute Nephritis + Leaky heart.

(Duration) yrs. mos. 11 days

Was disease contracted in Arizona? Yes
If not, where?
CONTRIBUTORY
(Duration) yrs. mos. days

(Signed) A. J. Crowley M.D.
Mch 19 1921 (Address) 234 N. 2nd Ave

*If death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE
At place of death 1 yrs. 4 mos. ds. In Ariz. 3 yrs. mos. ds.
Former or Usual Residence

Filed Mar. 19 1921 J. P. Kirchhoff
Local Registrar.

Filed 3/29/21
County Registrar.