1842

259

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No.
County Registered No. 592
Local Registrar's - No. 71 ✓

PLACE OF DEATH
County Maricopa
District No 3
Town Or City Mesa

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

FULL NAME Clay Parker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

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

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

DATE OF BIRTH: Oct (Month) 28 (Day) 1880 ~~192~~ (Year)

AGE: 41 yrs. 5 mos. ..... days | If less than 1 day ..... hrs., or ..... min

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

BIRTHPLACE (State or Country): Ky.

PARENTS
NAME OF FATHER: George Parker
BIRTHPLACE OF FATHER (State or Country): North Carolina
MAIDEN NAME OF MOTHER: Delia Ruby
BIRTHPLACE OF MOTHER (State or Country): Virginia

The Above is True to the Best of My Knowledge.
(Informant) Olive B Parker
(Address) Mesa

PLACE OF BURIAL ~~OR REMOVAL~~: Mesa
DATE OF BURIAL ~~OR REMOVAL~~: March 26 1921
UNDERTAKER: M L Gibbons
ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 22 (Day) 1921 (Year)

I hereby certify that I attended deceased from Mar 19, 1921, to Mar 22 1921; that I last saw him alive on Mar 22 1921, and that death occurred on the date stated above at 10 P.M. The DISEASE or INJURY causing death was as follows: Burn, second degree over nine tenths of surface of body. Third degree of feet

(Duration) ..... yrs. ..... mos. 3 days

Was disease contracted in Arizona? —

If not, where? —

CONTRIBUTORY —

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

(Signed) J H Greer

Mar 25 1921 (Address) Mesa, Arizona

*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. 7 yrs. — mos. ..... ds.

Former or Usual Residence

Filed 3-26 1921 J. E. Drane Jr. Local Registrar

Filed 4-19 1921 County Registrar.

WHITE PLAINLY, WITH UNFADING INK. THIS IS A FEE SAFETY 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.