

2247

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

County Maricopa District No 3 Town Mesa Or City Mesa

State Index No. 1120
County Registered No. 661
Local Registrar's - No. 77

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Still Born of L. J. Huber

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"/>	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Apr 6</u> 19 <u>21</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Still Born</u> 19____ (Month) (Day) (Year)			I hereby certify that I attended deceased from <u>Apr 5</u> 19 <u>21</u> to <u>Apr 6</u> 19 <u>21</u> ; that I last saw him <u>never</u> alive on <u>Apr 5</u> and that death occurred on the date stated above at <u>6 a.m.</u> The DISEASE or INJURY causing death was as follows: <u>Still birth</u>		
AGE ____ yrs. ____ mos. ____ days hrs., or ____ min.			(Duration) ____ yrs. ____ mos. <u>few mins.</u> days		
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? <u>yes</u> If not, where? _____		
BIRTHPLACE (State or Country) <u>Ariz</u>			CONTRIBUTORY <u>Instrument -</u> <u>Short time</u> (Duration) ____ yrs. ____ mos. ____ days		
PARENTS NAME OF FATHER <u>L. J. Huber</u> BIRTHPLACE OF FATHER (State or Country) <u>Utah</u> MAIDEN NAME OF MOTHER <u>Lora Jones</u> BIRTHPLACE OF MOTHER (State or country) <u>Ariz</u>			(Signed) <u>J. E. Drane, Jr.</u> <u>4-6/21</u> (Address) <u>Mesa</u>		
The Above is True to the Best of my Knowledge (Informant) <u>L. J. Huber</u> (Address) <u>Mesa</u>			*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal.		
PLACE OF BURIAL OR REMOVAL <u>Mesa Cemetery</u>			LENGTH OF RESIDENCE At place of death ____ yrs. ____ mos. ____ ds. In Ariz. ____ yrs. ____ mos. ____ ds.		
DATE OF BURIAL OR REMOVAL <u>Apr 6</u> 19 <u>21</u>			Former or Usual Residence _____		
UNDERTAKER <u>W. A. Burton</u> <u>Mesa</u>			Address _____		
			Filed <u>4/6/21</u> 19 <u>21</u> <u>J. E. Drane, Jr.</u> Local Registrar.		
			Filed <u>May 13</u> 19 <u>21</u> <u>W. A. MONICAL, M. D.</u> County Registrar.		