2658

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

PLACE OF DEATH

County Graham

District Pima

Town Or City "

State Index - - No. 76

County Registered No. 43

Local Registrar's - No. 43

No. ..... St.

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

FULL NAME Kenneth Ford Allred

PERSONAL AND STATISTICAL PARTICULARS

SEX male

Color or Race White ✓ Indian Black Chinese Mexican

SINGLE ✓ MARRIED WIDOWED or DIVORCED

DATE OF BIRTH Feb. 4 1921 (Month) (Day) (Year)

AGE ..... yrs. 3 mos. 21 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) Arizona

PARENTS

NAME OF FATHER Ford Allred

BIRTHPLACE OF FATHER (State or Country) Arizona

MAIDEN NAME OF MOTHER Josie Preston

BIRTHPUACE OF MOTHER (State or country) Arizona

The Above Is True to the Best of My Knowledge

(Informant) Mrs. C. S. Larsen

(Address) Pima, Ariz.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL ..... 19....

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1921 (Month) (Day) (Year)

I hereby certify that I attended deceased from May 17 1921 to May 25 1921; that I last saw him alive on 5/25 1921, and that death occurred on the date stated above at 7 M. The DISEASE or INJURY causing death was as follows: Gaseous inanition Colitis

(Duration)) about ..... yrs. ..... mos ..... days 14

Was disease contracted in Arizona? yes

If not, where? —

CONTRIBUTORY Bottle feeding

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

(Signed) R C Dryden MD

6/10 1921 (Address) Pima 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 6-5 1921 Alma Burns Local Registrar.

Filed 6-10 1921 J. H. Stratton County Registrar.