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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.

PLACE OF DEATH

County Pinal
District _____
Town Florence
Or City _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 339

ORIGINAL CERTIFICATE OF DEATH

No. Pinal Co. Hospital County Registered No. 1172
St. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME M. L. Freeman

PERSONAL AND STATISTICAL PARTICULARS

SEX male Color or Race White SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH _____ (Month) _____ (Day) 1865 (Year)

AGE 56 yrs. - mos. - days If less than 1 day, hrs. or min.

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

BIRTHPLACE (State or country) Arizona

NAME OF FATHER Thos. B. Freeman

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Mattha. Clepender

BIRTHPLACE OF MOTHER (State or country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs E. R. Byers

(Address) _____

PLACE OF BURIAL OR REMOVAL Florence DATE OF BURIAL OR REMOVAL May 11th 1921

UNDERTAKER D. O. Martin ADDRESS Florence

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1921
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Apr. 26 1921 to May 9 1921; that I last saw him alive on May 7 1921 and that death occurred on the date stated above at 8 P.M. The DISEASE or INJURY causing death was as follows: Hypertrophied Spleen
(Duration) 5 yrs. mos. days

Was disease contracted in Arizona? yes
If not, where? _____

CONTRIBUTORY Died following splenectomy
(Duration) _____ yrs. mos. days

(Signed) W. S. Randle
May 16 1921 (Address) _____

*In deaths 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 Arizona _____ yrs. mos. ds.

Former or Usual Residence _____
Filed May 11 1921 W. S. Randle Local Registrar

Filed May 9 1921 W. S. Randle County Registrar