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R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 226

County Maricopa
District Shaw Low
Town
Or City

County Registered No. 38
Local Registrar's No. 2

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME William Alphonse Burk

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White SINGLE MARRIED
+Black Chinese +WIDOWED
Mexican or DIVORCED

DATE OF DEATH July 5, 1921
(Month) (Day) (Year)

DATE OF BIRTH Nov 2, 1852
(Month) (Day) (Year)

I hereby certify, that I attended deceased from 191... to 191...; that I last saw h... alive on 191..., and that death occurred on the date stated above at M. The DISEASE or INJURY causing

AGE 69 yrs. mos. days If less than 1 day hrs., or min.

Death was as follow: General Debility

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

(Duration) 2 yrs. mos. days

BIRTHPLACE (State or country) Utah

Was disease contracted in Arizona? Yes

NAME OF FATHER Allen Burk

If not, where? _____

BIRTHPLACE OF FATHER (State or country) don't know

CONTRIBUTORY _____

MAIDEN NAME OF MOTHER Emmely J. Smith

(Duration) yrs. mos. days

BIRTHPLACE OF MOTHER (State or country) don't know

(Signed) Leona H. Burk

191... (Address) Shaw Low, Ariz.

The Above is True to the Best of My Knowledge

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

(Informant) Leona H. Burk

LENGTH OF RESIDENCE

(Address) Shaw Low, Ariz.

At place of death... yrs... mos... ds. In Arizona... yrs... mos... ds.

Former or Usual Residence Utah

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL

Filed July 8, 1921 Emma Whipple Local Registrar.

UNDERTAKER

ADDRESS

Filed July 8, 1921 John Thompson County Registrar.

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.