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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained, insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH **ARIZONA STATE BOARD OF HEALTH** State Index No. 116  
 BUREAU OF VITAL STATISTICS  
 County Maricopa  
 District \_\_\_\_\_  
**CERTIFICATE OF DEATH** County Registrar No. 1226  
 Town Phoenix No. 602 West Hadley, St. Local Registrar's No. 10655  
 or City \_\_\_\_\_ (If death occurred in a Hospital or Institution, give its name instead of street and number)

FULL NAME George Morrell Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White \*SINGLE MARRIED  
 \*Black Chinese WIDOWED  
 \*Mexican or DIVORCED

DATE OF BIRTH Feb, 27 21  
 (Month) (Day) (Year)

AGE 7 yrs. 7 mos. 7 days hrs., or 7 min.  
 If less than 1 day \_\_\_\_\_

OCCUPATION  
 (a) Trade, profession or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (State or country) Arizona

NAME OF FATHER George Morrell;  
 BIRTHPLACE OF FATHER (State or country) Arizona

MAIDEN NAME OF MOTHER Flores  
 BIRTHPLACE OF MOTHER (State or country) Arizona

PARENTS  
 The above is true to the best of my knowledge.  
 (Informant) George Morrell,  
 (Address) \_\_\_\_\_

Place of Burial or Removal Forest Lawn Cemetery, Date of Burial or Removal 9-1-21. 19\_\_\_\_  
 Undertaker J. T. Whitney, Address City,

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 1-31  
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Aug 18-21 19\_\_\_\_, to Aug 31, 1921; that I last saw him alive on Aug 30, 1920, and that death occurred on the date stated above at \_\_\_\_\_ M. The DISEASE or INJURY causing death was as follows: Heart trouble

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
 Was disease contracted in Arizona? Yes  
 If not, where? \_\_\_\_\_

CONTRIBUTORY (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
 (Signed) W. C. Hackett, M. D.  
Aug 20 1921 (Address) Phoenix

\*In deaths from Violent Causes, state: (1), Means of Injury; and (2), Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE  
 At place of death \_\_\_\_\_ years 7 months \_\_\_\_\_ days  
 In Arizona \_\_\_\_\_ years 7 months \_\_\_\_\_ days  
 Former or Usual Residence \_\_\_\_\_

Filed Sept 10 1921 W. C. Hackett Local Registrar

A True Copy  
 Filed \_\_\_\_\_, 19\_\_\_\_  
 County Registrar.