

632

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		ARIZONA STATE BOARD OF HEALTH	
County <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	
District _____		State Index No. <u>314</u>	
Town _____		County Registered No. <u>1223</u>	
Or City <u>Phoenix</u>		Local Registrar's No. <u>10652</u>	
ORIGINAL CERTIFICATE OF DEATH			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
No. <u>Pub School Sanatorium</u>			
FULL NAME <u>"Daylight" - Navajo Indian</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <u>Indian</u>	DATE OF DEATH <u>Aug. 30 1921</u>	
	<input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican		
	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED		
DATE OF BIRTH _____	AGE <u>35</u> yrs. _____ mos. _____ days _____ hrs. or _____ min.	I hereby certify, that I attended deceased from <u>Aug. 10 1921</u> to <u>Aug. 30 1921</u> ; that I last saw him alive on <u>Aug. 29 1921</u> and that death occurred on the date stated above at <u>7:30 A.M.</u> The DISEASE or INJURY causing death was as follows: <u>Tuberculosis of Lungs and Bones.</u>	
OCCUPATION <u>Cattlemen</u>	BIRTHPLACE (State or country) <u>Navajo Res.</u>	(Duration) <u>3</u> yrs. _____ mos. _____ days	
PARENTS		Was disease contracted in Arizona? <u>Yes</u>	
NAME OF FATHER <u>Navajo Man</u>	BIRTHPLACE OF FATHER (State or country) <u>Navajo Res.</u>	If not, where? _____	
MAIDEN NAME OF MOTHER <u>Navajo Woman</u>	BIRTHPLACE OF MOTHER (State or country) <u>Navajo Res.</u>	CONTRIBUTORY _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		(Duration) _____ yrs. _____ mos. _____ days	
(Informant) <u>A. E. Marden</u>	(Address) <u>Phoenix, Ariz.</u>	(Signed) <u>A. E. Marden, M.D.</u>	
PLACE OF BURIAL OR REMOVAL <u>Four Lawn</u>	DATE OF BURIAL OR REMOVAL <u>8/30/21</u>	<u>Aug 30 1921</u> (Address) <u>Phoenix, Ariz.</u>	
UNDERTAKER <u>Maryman</u>	ADDRESS <u>Phoenix</u>	*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 <u>35</u> yrs. _____ mos. _____ ds.	
		Former or Usual Residence <u>Navajo Res.</u>	
		Filed <u>Aug 30 1921</u> <u>Beauchamp</u>	
		Filed <u>Sept. 7 1921</u> <u>GRANT S. MONICA</u>	
		Local Registrar _____	
		County Registrar _____	