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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 Graham  
District Safford  
Town Thatcher  
Or City

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 35

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 79  
Local Registrar's No. 7

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

FULL NAME Wright Duke

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black Chinese Mexican	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Oct 20 1921</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Oct 20 1911</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Oct 20 1921</u> to <u>death</u> 19 <u>21</u> ; that I last saw him alive on <u>Oct 20 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>Difficulties of birth</u> <u>Podalic version</u>		
AGE _____ yrs. _____ mos. _____ days If less than 1 day <u>3</u> hrs., or <u>30</u> min.			(Duration) _____ yrs. _____ mos. _____ days		
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer) <u>16/12</u>			Was disease contracted in Arizona? _____ If not, where? _____		
BIRTHPLACE (State or country) <u>Thatcher Ariz</u>			CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days		
PARENTS	NAME OF FATHER <u>James Alfred Duke</u>		(Signed) <u>Maud P. Ballison D.O.</u> 19 <u>21</u> (Address) _____		
	BIRTHPLACE OF FATHER State or country <u>Utah</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL LENGTH OF RESIDENCE		
	MAIDEN NAME OF MOTHER <u>Laverna Alice Wright</u>		At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.		
	BIRTHPLACE OF MOTHER State or country <u>Utah</u>		Former or Usual Residence _____		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Maud P. Ballison</u>			Filed <u>11-5-21</u> <u>Alma Burns</u> Local Registrar		
(Address) <u>Safford Arizona</u>			Filed <u>11-12-21</u> <u>J. N. Stratton</u> County Registrar		
PLACE OF BURIAL OR REMOVAL <u>Thatcher</u>		DATE OF BURIAL OR REMOVAL _____ 19 <u>21</u>			
UNDERTAKER		ADDRESS			