2017

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 77
County Registered No. 97
Local Registrar's No. 97

PLACE OF DEATH

County Graham
District
Town
Or City Central

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

FULL NAME George Coombs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

~~Color or Race~~: White ~~Indian~~ ~~Black~~ Chinese ~~Mexican~~ White

~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~ Married

DATE OF BIRTH: 5 / 2 / 1844 (Month) (Day) (Year)

AGE: 77 yrs. 7 mos. 20 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): England

PARENTS
NAME OF FATHER: Geo. Coombs
BIRTHPLACE OF FATHER (State or Country): England.
MAIDEN NAME OF MOTHER: Eliza Afthberry
BIRTHPLACE OF MOTHER (State or Country): England

The Above Is True to the Best of My Knowledge
(Informant) Mrs Nate Coombs
(Address) Central

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL
Central	12-24-21 191
UNDERTAKER	ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 / 22 / 1921 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 12/22 1921 to 12/22 1921; that I last saw him alive on 12/22 1921, and that death occurred on the date stated above at 10 P.M. The DISEASE or INJURY causing Death was as follows: Chronic Enterocolitis

(Duration) 2 yrs. ___ mos. ___ days.
Was disease contracted in Arizona? Yes
If not, where?
CONTRIBUTORY no
(Duration) no yrs. ___ mos. ___ days.
(Signed) W. E. Platt
191 (Address) Thatcher

*In death 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 1-5 1922 Alma Burns
Local Registrar

Filed 1/10 1922 J. M. Rodgers
County Registrar