

2540

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.

ORIGINAL
ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

PLACE OF DEATH Mohave County
 District Kingman
 Town or City Kingman No. _____
 State Index No. _____
 County Registrar No. 43
 St. Local Registrar's No. _____
 (If death occurred in a Hospital or Institution, give its name instead of street and number)

FULL NAME Robert Edward Neal, Jr

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|--|--|
| SEX Male | COLOR OR RACE White Indian- Black Chinese Mexican | SINGLE MARRIED WIDOWED or DIVORCED |
|-------------|--|--|

DATE OF BIRTH
 April 19 1921
 (Month) (Day) (Year)

AGE
 9 yrs 10 mos 10 days hrs., or min.

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

BIRTHPLACE
 (State or country) Mohave County Arizona

PARENTS

| | |
|--|---|
| NAME OF FATHER Ed Neal | BIRTHPLACE OF FATHER Sandy Arizona (State or country) |
| MAIDEN NAME OF MOTHER Gertrude Buchanan | BIRTHPLACE OF MOTHER Texas (State or country) |

The above is true to the best of my knowledge.
 (Informant) J.M. Neal
 (Address) Kingman Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
 January 29 1922
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 1-27 1922, to 1-29 1922; that I last saw h. in alive on 1-29 1922, and that death occurred on the date stated above at 6:10 A. M. The DISEASE or INJURY causing death was as follows:
Intestinal Toxemia
 (Duration) yrs. mos. 2 days
 Was disease contracted in Arizona? Yes
 If not, where? _____
 CONTRIBUTORY
 (Duration) yrs. mos. days
 (Signed) J. R. White, M. D.
 23 1922 (Address) Kingman Ariz

*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 months days
 In Arizona years months days
 Former or Usual Residence _____

Filed FEB -1 1922, 1922
 J. H. Smith Local Registrar.
 A True Copy
 Filed Feb 5 1922
 D. R. Tafel County Registrar.

| | |
|---|--|
| Place of Burial or Removal <u>Kingman Ariz</u> | Date of Burial or Removal <u>Feb 1 1922</u> |
| Undertaker <u>W. D. Martin</u> | Address <u>Kingman Ariz</u> |