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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 79

County Registered No. 12

Local Registrar's No. .....

PLACE OF DEATH

County Greenlee

District Duncan

Town Or City Duncan

No. ..... St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Alexander Stewart

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICANS 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.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or Race: White Indian Black Chinese Mexican

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH: Feb (Month) 4th (Day) 1860 (Year)

AGE: 62 yrs. 1 mos 6 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): (10)

BIRTHPLACE (State or country): Alabama

PARENTS

NAME OF FATHER: Alexander Stewart

BIRTHPLACE OF FATHER (State or country): N. Carolina

MAIDEN NAME OF MOTHER: Rebeckah Buck

BIRTHPLACE OF MOTHER (State or country): Georgia

The Above Is True to the Best of My Knowledge

(Informant) Helen Stewart

(Address) Duncan Az

PLACE OF BURIAL OR REMOVAL: Duncan

DATE OF BURIAL OR REMOVAL: Mar 12 1922

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 10th (Day), 1922 (Year)

I hereby certify, that I attended deceased from ..... 191..... to ..... 191.....; that I last saw h..... alive on ..... 191....., and that death occurred on the date stated above at 11 P.M. The DISEASE or INJURY causing Death was as follows: Did not attend deceased. Has had no physician for a year or more, Dr Austin Fordsburg diagnosed Mitral Insufficiency

(Duration) ..... yrs. ..... mos. ..... days

Was disease contracted in Arizona?

If not, where? Death due to mitral insufficiency

CONTRIBUTORY

(Duration) ..... yrs. ..... mos. ..... days

(Signed) J H Bailey

191..... (Address) Duncan Az

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death 7 yrs. ..... mos. ..... ds. In Arizona 10 yrs. ..... mos. ..... ds.

Former or Usual Residence Oklahoma

Filed 3/10 1922 Eugene Forney Local Registrar.

Filed 3/24 1922 L A W Butch County Registrar.