

2892

FILL OUT ALL BLANKS. 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 Marcopaca  
 District No 3  
 Town Mesa  
 Or City

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 151  
 County Registered No. 314  
 Local Registrar's - No. 28

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

FULL NAME Charles H Allen

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White  Indian  Black  Chinese  Mexican  SINGLE  MARRIED  WIDOWED  or DIVORCED

DATE OF BIRTH 09 15 1830  
 (Month) (Day) (Year)

AGE 4 yrs. 3 mos. 3 days 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) New York

PARENTS  
 NAME OF FATHER Andrew L Allen  
 BIRTHPLACE OF FATHER (State or Country) N. H.  
 MAIDEN NAME OF MOTHER Clarinda Knapp  
 BIRTHPLACE OF MOTHER (State or country) N. Y.

The Above is True to the Best of My Knowledge  
 (Informant) Elyah Allen  
 (Address) Mesa

PLACE OF BURIAL OR REMOVAL Mesa Cemetery DATE OF BURIAL OR REMOVAL Feb 19 1922

UNDERTAKER H. A. Burton ADDRESS Wono Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18 1922  
 (Month) (Day) (Year)

I hereby certify that I attended deceased from Feb 18 1922 to Feb 17 1922; that I last saw him alive on Feb 17 1922 and that death occurred on the date stated above at 3 A.M. The DISEASE or INJURY causing death was as follows: Old age, slight gangrene of foot & heart failure

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days 30

Was disease contracted in Arizona? No  
 If not, where? \_\_\_\_\_

CONTRIBUTORY \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) E. J. ... M.D.  
Feb 18 1922 (Address) Mesa Ariz

\*In death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal, or Homicidal

LENGTH OF RESIDENCE  
 At place of death 4 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In Ariz. \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Former or Usual Residence \_\_\_\_\_

Filed Feb 19 1922  
Jan. 11 1922

Local Registrar J. ...  
 COUNTY REGISTRAR GPANT S. MONICAL, M. D.