

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

1. County Graham
District Pima
Town or City Eleuther

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 156
County Registrar's No. 17
Local Registrar's - No. 17

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

2. FULL NAME _____

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WID-OWED or DIVORCED Single
(write the word)

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) _____

7. AGE 2 Years Months Days IF LESS than 1 day...hrs. or...min. 3 mo

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 1822
(c) Name of employer _____

9. BIRTHPLACE (city or town) Graham (State or country)

10. NAME OF FATHER Jacob Allen

11. BIRTHPLACE OF FATHER (city or town) Ariz. (State or country)

12. MAIDEN NAME OF MOTHER Grace E. Clark

13. BIRTHPLACE OF MOTHER (city or town) Ariz. (State or country)

14. Informant (Address) J. W. Morris, M.D.

15. Filed 4-5-1922 Alma Durus Registrar
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1922

17. I HEREBY CERTIFY, That I attended deceased from 3 30, 1922, to 3 30, 1922, that I last saw him Dead 3 30, 1922, and that death occurred, on the date stated above, at 4 p.m. The CAUSE OF DEATH* was as follows:
Drowned.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. W. Morris, M. D.
19 (Address) Pima

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL _____ DATE OF BURIAL _____

20. UNDERTAKER _____ ADDRESS 8-31 1922