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FILE 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

PLACE OF DEATH
County Maricopa State Index - No. 202
District No 3 County Registered No. 447
Town Mesa Local Registrar's - No. 581
Or City

ORIGINAL CERTIFICATE OF DEATH

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

FULL NAME Geo. A. Manning

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	Color or Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican	SINGLE- MARRIED <input checked="" type="checkbox"/> WIDOWED OR DIVORCED
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DATE OF BIRTH Apr 23 1871
(Month) (Day) (Year)

AGE 50 yrs. 11 mos. 12 days hrs., or min. If less than 1 day

OCCUPATION
(a) Trade, profession or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed or (employer) 12th

BIRTHPLACE (State or Country) Alabama

NAME OF FATHER Jacob Manning

BIRTHPLACE OF FATHER (State or Country) Alabama

MAIDEN NAME OF MOTHER Margaret Parker

BIRTHPLACE OF MOTHER (State or country) Alabama

The Above is True to the Best of My Knowledge
(Informant) B. G. Manning
(Address) Gilbert

PLACE OF BURIAL OR REMOVAL. Mesa Cemetery DATE OF BURIAL OR REMOVAL. Mar 5 1922

UNDERTAKER W. A. Burton & Sons ADDRESS Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 5 1922
(Month) (Day) (Year)

I hereby certify that I attended deceased from Jan 6th 1922 to Mar 5th 1922; that I last saw him alive on Mar 5 1922 and that death occurred on the date stated above at 8:40 A.M. The DISEASE or INJURY causing death was as follows: Abscess of Pleura, Peritonitis

(Duration) _____ yrs. 14 mos. _____ days

Was disease contracted in Arizona? Yes
If not, where? _____

CONTRIBUTORY Operation
(Duration) _____ yrs. _____ mos. 22 days

(Signed) F. H. Brown M.D.
3/6/22 (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 6 yrs. _____ mos. _____ ds. In Ariz. 6 yrs. _____ mos. _____ ds.

Former or Usual Residence Alabama
Filed 3-6-22

Local Registrar J. E. Dore
W. S. MONCAL, M. D.

County Registrar.