1230

MARGIN RESERVED FOR BINDING

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.

ARIZONA STATE BOARD OF HEALTH 380

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. .....
County Registrar's No. 368
Local Registrar's - No. 134

PLACE OF DEATH

1. County Yuma
District .....
Town or City Yuma No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Ralph Edward Burton

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR or RACE white
5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) single

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

6. DATE OF BIRTH (month, day and year) Nov 5 - 1912

7. AGE Years 10 Months Days 27 IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work school
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Yuma
(State or country) Arizona

PARENTS

10. NAME OF FATHER W. M. Burton
11. BIRTHPLACE OF FATHER (city or town) Key
(State or country) Alfred Fraker
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) California
(State or country)

14. Informant O. Johnson
(Address) Yuma Ariz

15. Filed 12/2, 1922 H Wuppermann Deputy Registrar
V. S. No. 1 Jan 10-23 Dr. C. E. Rooney

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Dec 2 1922

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1922 to Dec 2, 1922 that I last saw him alive on Dec 2, 1922 and that death occurred, on the date stated above, at 12:50 a.m.
The CAUSE OF DEATH* was as follows:
Shock following operation for gun shot wound.
(duration) 8 Hours yrs. mos. ds.
CONTRIBUTORY (Secondary) Gun shot in abdomen.
(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death? yes
Did an operation precede death? yes Date of Dec 1
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) C. E. Rooney, M. D.
19 (Address) Main St. Yuma Ariz.

* 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 for Angela Cola
DATE OF BURIAL 12/3 1922

20. UNDERTAKER O. Johnson
ADDRESS Yuma Ariz