

1883

FILL 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

State Index No. 112

PLACE OF DEATH
County Graham
District Pima
Town Pima
Or City Pima

ORIGINAL CERTIFICATE OF DEATH

County Registered No. _____
Local Registrar's No. _____

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

FULL NAME Ralph Thomas Chapp

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>February 17</u> , 19 <u>23</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>July 24</u> , 19 <u>08</u> (Month) (Day) (Year)		AGE yrs. mos. days If less than 1 day hrs., or min.	I hereby certify, that I attended deceased from <u>July 17</u> , 19 <u>23</u> to <u>July 3</u> , 19 <u>23</u> ; that I last saw him alive on <u>7/3</u> , 19 <u>23</u> , and that death occurred on the date stated above at <u>2¹⁵</u> A.M. The DISEASE or INJURY causing Death was as follows: <u>Rectal Bleeds and Inanition</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>Scholarship</u> (b) General nature of industry, business, or establishment in which employed or (employer)			(Duration) yrs. mos. days	
BIRTHPLACE (State or country) <u>Layton Ariz.</u>			Was disease contracted in Arizona? <u>yes</u>	
NAME OF FATHER <u>Robert Thomas</u>			If not, when?	
BIRTHPLACE OF FATHER (State or country) <u>Showlow Ariz.</u>			CONTRIBUTORY <u>mental inanition</u> (Duration) yrs. mos. days	
MAIDEN NAME OF MOTHER <u>Alice Johnson</u>			(Signed) <u>R. D. ...</u> <u>7/4</u> , 19 <u>23</u> . (Address) <u>Pima</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Pima Ariz.</u>			*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
The Above is True to the Best of My Knowledge (Informant) <u>Catharine Saline</u> (Address) <u>Pima Ariz.</u>			LENGTH OF RESIDENCE At place of death <u>5</u> yrs. mos. ds. In Arizona yrs. mos. ds. Former or Usual Residence <u>Graham County</u>	
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL	Filed <u>2/6</u> , 19 <u>23</u> <u>Welford B. ...</u> Local Registrar.	
UNDERTAKER		ADDRESS	Filed <u>191</u> <u>Welford B. ...</u> County Registrar.	