460

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that 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.

County [illegible]

District Colo River Ag.

Town

Or City

BUREAU OF VITAL STATISTICS

Sewall

State Index No. 423

County Registered No.

Local Registrar's No.

ORIGINAL CERTIFICATE OF DEATH

No. St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Pat Drennan

PERSONAL AND STATISTICAL PARTICULARS

SEX M

Color or Race: White Indian Black Chinese Mexican

SINGLE ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH Apr 12 1921 (Month) (Day) (Year)

AGE 2 yrs. 1 mos. 2 days

If less than 1 day hrs., or min.

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

BIRTHPLACE (State or country) Colo. River Agency

PARENTS

NAME OF FATHER Devane Drennan

BIRTHPLACE OF FATHER State or country) Colo River Ag.

MAIDEN NAME OF MOTHER Lyda Brenner

BIRTHPLACE OF MOTHER State or country) Colo River Ag

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. A. I. Nettle

(Address) Colo. River Ag.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL 19

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1923 (Month) (Day) (Year)

I hereby certify, that I attended deceased from May 10 1923 to May 14 1923; that I last saw him alive on May 14 1923, and that death occurred on the date stated above at 8P M. The DISEASE or INJURY causing Death was as follows: Acute Catarrhal Dysentary (Ileo-colitis)

(Duration) yrs. mos. days 4

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY Rachitis & bone & joint T.B.

(Duration) 2 yrs. mos. days

(Signed) M. A. I. Nettle M.D.

May 14 1923 (Address) Colo River Ag.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 2 yrs. 1 mos. 2 ds. In Arizona 2 yrs. 1 mos. 2 ds.

Former or Usual Residence

Filed

191 Local Registrar

Filed

191 County Registrar