2756

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

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 192
County Registrar's - No. 1334
Local Registrar's - No. 149

PLACE OF DEATH

1. County Maricopa
District No 3
Town or city Mesa
No. _____ St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Ferrel Brandon

(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) X

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

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

7. AGE Years | Months 9 | Days | IF LESS than 1 day hrs. or min.

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

9. BIRTHPLACE (city or town) (State or Country) Ariz

PARENTS

10. NAME OF FATHER O H Brandon
11. BIRTHPLACE OF FATHER (State or country) Ky (city or town)
12. MAIDEN NAME OF MOTHER Olive Williams
13. BIRTHPLACE OF MOTHER (State or country) Ariz (city or town)

14. Informant (Address) O D Williams Mesa Ariz

15. Filed 11-30 1923 H. J. McNeill Local Registrar.
Filed DEC 19__ HARRY [illegible] County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Nov 27 1923

17. I HEREBY CERTIFY, That I attended deceased from 11/23 1923 to Nov. 27th 1923
that I last saw him alive on Nov 27 1923
and that death occurred, on the date stated above, at 9 a. m.
The CAUSE OF DEATH* was as follows:
Gastro-enteritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Meningitis

(duration) yrs. mos. ds.

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

Did an operation precede death? No date of

Was there an autopsy? No

What test confirmed diagnosis? None

Signed L. W. Brown M. D.
11/27 1923 (Address)

* 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~~ Mesa Cemetery
DATE OF BURIAL Nov 30 1923

20. UNDERTAKER W A Burton & Sons
ADDRESS Mesa