4519

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

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

PLACE OF DEATH

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

2. FULL NAME Hyrum Henry Tippets

(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. 3 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): Widowed

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

6. DATE OF BIRTH (month, day and year) May 30 1868

7. AGE: Years 55 | Months 9 | Days 6 | IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(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) Utah

PARENTS

10. NAME OF FATHER Hyrum Henry Tippets
11. BIRTHPLACE OF FATHER (city or town) (State or country) Ill
12. MAIDEN NAME OF MOTHER Mary Ellen Tippets
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Missouri

14. Informant Mrs Geo Turner
(Address) Duncan Ariz

15. Filed 4/11, 1924 [signature] Local Registrar.
Filed 5/9, 1924 [signature] County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar 6 1924

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1924 to Mar 6 1924
that I last saw him alive on Mar 6 1924
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Endocarditis
..... (duration) ? yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Rheumatism
..... (duration) 4 yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Ariz
Did an operation precede death? Yes Date of Dec 12, 23
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) J H Bailey M. D.
19 (Address) Duncan 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: Franklin Ariz — DATE OF BURIAL: Mar 7th 1924

20. UNDERTAKER: None — ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK. MARGIN RESERVED FOR BINDING. 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.