

1637

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Maricopa  
District No 3  
Town or City Mesa

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 264  
County Registrar's - No. 434  
Local Registrar's - No. 212

2. FULL NAME David W Johnson  
(If death occurred in a hospital or institution, give its NAME instead of street number)

(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 WIDOWED  
(Write the word)

5a. If married, widowed, or divorced HUSBAND of Mary Johnson  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) Feb 12 1888

7. AGE Years 14 Months 1 Days 8 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) Utah  
(State or country)

10. NAME OF FATHER Joel Johnson

11. BIRTHPLACE OF FATHER Vermont  
(State or country)

12. MAIDEN NAME OF MOTHER Susan Bryant

13. BIRTHPLACE OF MOTHER Vermont  
(State or country)

14. Informant (Address) A. W. Gibson

15. Filed 3-22-24 A. E. McNeill Local Registrar.  
Filed \_\_\_\_\_, 19\_\_\_\_ MARY J. LITCH County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Mar 20 1924

17. I HEREBY CERTIFY, That I attended deceased from Mar 14, 19\_\_\_\_ to Mar 17, 19\_\_\_\_  
that I last saw him alive on 3-17, 19\_\_\_\_

and that death occurred, on the date stated above, at \_\_\_\_\_  
The CAUSE OF DEATH\* was as follows: Cancer prostate

(duration) 2 yrs. mos. ds.

18. Where was disease contracted \_\_\_\_\_  
not at place of death? Yes Date of 2 yrs ago

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? \_\_\_\_\_  
(Signed) [Signature] M. D.  
(Address) Mesa Ariz

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Cemetery DATE OF BURIAL Mar 23 1924

20. UNDERTAKER W A Burton Sons Mesa ADDRESS \_\_\_\_\_