

2044

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 109  
County Registrar's - No. 11  
Local Registrar's - No. 11

PLACE OF DEATH  
1. County Graham  
District \_\_\_\_\_  
Town Safford  
City \_\_\_\_\_

2. FULL NAME Henry S. Gray  
(a) Residence No. Safford Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number)  
Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Single</u>
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>None</u>		
6. DATE OF BIRTH (month, day and year) <u>Unknown</u>		
7. AGE Years <u>70</u> Months <u>Don't know exactly</u> Days _____ IF LESS than _____		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>None</u> (c) Name of employer _____		
9. BIRTH PLACE (city or town) <u>Unknown</u> (State or Country)		
10. NAME OF FATHER <u>Unknown</u>		
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Unknown</u>		
12. MAIDEN NAME OF MOTHER <u>Unknown</u>		
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Unknown</u>		
14. Informant (Address) <u>Mrs. J. Prosser</u>		
15. Filed <u>June 9 1924</u> <u>Walter W. Schum</u> Local Registrar. Filed <u>June 9 1924</u> <u>D. S. Schum</u> County Registrar.		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 4/2 1924

17. I HEREBY CERTIFY, That I attended deceased from 4.2 1924 to 4/2 1924 that I last saw him alive on 4/2 1924 and that death occurred, on the date stated above, at 7 P. The CAUSE OF DEATH\* was as follows:  
arterial hemorrhage,  
following flu.

(duration) \_\_\_\_\_ yrs. mos. da.

CONTRIBUTORY (secondary) Chronic valvular disease (duration) \_\_\_\_\_ yrs. mos. da.

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

Did an operation precede death? No date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? aspiration

Signed J. M. ... M. D.  
(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 <u>Safford, Arizona</u>	DATE OF BURIAL <u>April 6 1924</u>
20. UNDERTAKER <u>A. C. Rawson</u>	ADDRESS <u>Safford</u>