2632

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A 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. 136
County Registrar's - No. 129
Local Registrar's - No. 117

PLACE OF DEATH

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

2. FULL NAME Thomas Preston

(a) Residence. No. Thatcher, Ariz, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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): widower

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

6. DATE OF BIRTH (month, day and year) July 20-1841

7. AGE: Years 82 | Months 10 | Days 5 | IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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): West Virginia

PARENTS

10. NAME OF FATHER: Thos. Preston

11. BIRTHPLACE OF FATHER (city or town) (State or country): W Virginia

12. MAIDEN NAME OF MOTHER: Annie Pinson

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ny

14. Informant: John F. Nash.
(Address): Thatcher Ariz

15. Filed June 9 1924 Hattie B. Schenck Town Registrar.
Filed June 9 1924 D Scott Schenck County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 5/25 1924

17. I HEREBY CERTIFY, That I attended deceased from 4/1 1924 to 5/25 1924 that I last saw him alive on 5/22 1924 and that death occurred, on the date stated above, at 10 P m.
The CAUSE OF DEATH* was as follows:
Old age

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

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

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) W. E. Platt, M. D.
19 (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: Pima

DATE OF BURIAL: 5/27 1924

20. UNDERTAKER: Joseph Rosbury Jr

ADDRESS: Pima