2718

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 217
County Registrar's - No. 796
Local Registrar's - No. 536

PLACE OF DEATH

1. County Maricopa
District Hot Springs Vicinity
Town or City Wickenburg No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Walter H Davis
(a) Residence. No. 1204 West Van Buren 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	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
Male	White	Married

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

6. DATE OF BIRTH (month, day and year) Feb. 29th 1890

7. AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
34	2	15	

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

9. BIRTHPLACE (city or town) Hinchley Ohio
(State or country)

PARENTS

10. NAME OF FATHER Delbert E Davis
11. BIRTHPLACE OF FATHER Hinchley (city or town)
(State or country) Ohio
12. MAIDEN NAME OF MOTHER Bessie J Waite
13. BIRTHPLACE OF MOTHER Hinchley Ohio (city or town)
(State or country)

14. Informant
(Address)

15. Filed 5/14, 1924 [signature] Local Registrar.
Filed ....., 19 ..... County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 12th 1924

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....,
that I last saw h..... alive on ....., 19.....,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Suicide, body found at 3:30 P M Monday May 12 1924, by Jerry Sullivan + party
(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? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) John Riggs Coroner M. D.
19 (Address) Coroner Wickenburg Precinct

* 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 Greenwood
DATE OF BURIAL May 14th 1924

20. UNDERTAKER H. M. Maus
ADDRESS 311 N. 1st Ave.

MARGIN RESERVED FOR BINDING

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.