

2777

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

1. County Maricopa District _____ State Index - - - No. 276
County Registrar's - No. 822
Local Registrar's - No. 578

Town Phoenix No. So. 7th. Ave St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Earvil H. Palmer
(a) Residence No. 1322 E. Moreland 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				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WID-OWED or DIVORCED (Write the word) <u>Married</u>		16. DATE OF DEATH (month, day, and year) <u>5/23/24</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Iva Palmer</u> (or) WIFE of _____				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: <u>Motor cycle accident caused by riding at a high rate of speed over a rough dirt road.</u>			
6. DATE OF BIRTH (month, day and year) <u>Dec. 16</u>				(duration) _____ yrs. _____ mos. _____ ds.			
7. AGE	Years	Months	Days	CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.			
<u>27</u>				8. 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) <u>Not. T. M. Kelly, Coroner, M. D.</u> <u>May 24, 1924</u> (Address) <u>Phoenix, Arizona</u>			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Deputy Sheriff</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____				* 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.)			
9. BIRTHPLACE (city or town) <u>Safford</u> (State or country) <u>Ariz.</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Safford, Arizona</u> DATE OF BURIAL <u>5/25/24</u>			
10. NAME OF FATHER <u>Smith H. Palmer</u>				20. UNDERTAKER <u>A. H. McLellan</u> ADDRESS <u>617 N. Cen.</u>			
11. BIRTHPLACE OF FATHER <u>Utah</u> (city or town) (State or country)							
12. MAIDEN NAME OF MOTHER <u>Nancy M. Smith</u>							
13. BIRTHPLACE OF MOTHER <u>Utah</u> (city or town) (State or country)							
14. Informant <u>Andrew Palmer</u> (Address) _____							
15. Filed <u>5-24-24</u> 19 <u>24</u> <u>S. J. [Signature]</u> Local Registrar. Filed <u>MAY 25 1924</u> <u>S. J. [Signature]</u> County Registrar. V. S. No. 1							