

2549

MARGIN RESERVED FOR BINDING
N. E.—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

State Index - - - - No. 400
County Registrar's - - No. _____
Local Registrar's - - - No. _____

ORIGINAL CERTIFICATE OF DEATH

1. County Yavapai
District _____
Town or City Camp Verde

2. FULL NAME Alton Louis Heath
(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 non-resident, 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, WIDOWED or DIVORCED. (Write the word) <u>single</u>			16. DATE OF DEATH (month, day, and year) <u>11-29 1924</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from _____ <u>he was last seen alive at 3 P.M. that I last saw him alive on Nov 27 1924</u> and that death occurred, on the date stated above, at <u>about 3 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Drowned in irrigation ditch</u>	
6. DATE OF BIRTH (month, day and year) _____					CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.	
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	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) <u>John Taylor</u> M. D. 19 _____ (Address) <u>Camp Verde</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>None</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>Camp Verde</u> (State or country) <u>Arizona</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Middle Verde</u> DATE OF BURIAL <u>11-30 1924</u>	
10. NAME OF FATHER <u>William S Heath</u>					20. UNDERTAKER <u>None</u>	
11. BIRTHPLACE OF FATHER (city or town) <u>Arizona</u> (State or country) _____						
12. MAIDEN NAME OF MOTHER <u>Eloise Miller</u>						
13. BIRTHPLACE OF MOTHER (city or town) <u>Arizona</u> (State or country) _____						
14. Informant (Address) <u>William S Heath</u>						
15. Filed <u>11-29</u> 1924 <u>Dr J Taylor</u> V. S. No. 1 _____ Filed <u>12-8</u> 1924 <u>John M. Flinn</u> County Registrar.						