

1555

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Yavapai

BUREAU OF VITAL STATISTICS

State Index - - - - No. 514a

District _____

County Registrar's - - No. _____

ORIGINAL CERTIFICATE OF DEATH

Local Registrar's - - - No. _____

Town or City 1 1/2 mi. north of Kirkland

No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number),

2. FULL NAME Harrison T. Whipple

(a) Residence. No. Same as above
(Usual place of abode)

St. _____ Ward _____
(If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
(Write the word)

16. DATE OF DEATH (month, day, and year) Mar. 27, 1925

5a. If married, widowed, or divorced
HUSBAND of Mary Ann Whipple

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

that I last saw h_____ alive on _____, 19____

6. DATE OF BIRTH (month, day and year) Nov. 11, 1840

and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
84 4 16

Senility
(No doctor in attendance)

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

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

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

9. BIRTHPLACE (city or town) Granville, Vermont
(State or country)

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What best confirmed diagnosis? _____

(Signed) J. H. Haseel 19____
(Address) Local Registrar

10. NAME OF FATHER Tyler Ball Whipple

* 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.)

11. BIRTHPLACE OF FATHER Unknown (city or town)
(State or country)

12. MAIDEN NAME OF MOTHER Unknown

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

14. Informant Mrs. Ruth Roberson
(Address)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Skull Valley, Ariz. DATE OF BURIAL Mar. 29, 1925

15. Filed 8/27 1925 J. H. Haseel Local Registrar.

20. UNDERTAKER None ADDRESS _____

Filed _____ 19____
V. S. No. 1 _____ County Registrar.

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.