

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Apache District _____ State Index - - - - - No. 5
 Town or City Pinetop No. _____ County Registrar's - - No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street number.)
 Local Registrar's - - - No. _____
 2. FULL NAME Premature infant of A.E. Harrell
 (a) Residence. No. Pinetop, Arizona 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.

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day and year) 4/15/25
 7. AGE. Years _____ Months _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (city or town) Pinetop (State or country) Arizona
 10. NAME OF FATHER Albert E. Harrell
 11. BIRTHPLACE OF FATHER Greencastle (city or town) (State or country) Indiana
 12. MAIDEN NAME OF MOTHER Grace Pensad
 13. BIRTHPLACE OF MOTHER Pinetop (city or town) (State or country) Arizona
 14. Informant (Address) A.E. Harrell
 15. Filled 4/15/25 by G. J. Phelan Local Registrar.
 Filled _____ 19 _____ County Registrar.
 V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 4/15/1925
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 that I last saw h. im. alive on 4/15/1925
 and that death occurred, on the date stated above, at 3 p. m.
 The CAUSE OF DEATH* was as follows:
Prematurity 5 1/2 m.
 (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? no
 What test confirmed diagnosis? _____
 (Signed) G. J. Phelan, M. D. (Address) 24 Mary
 * 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 Pinetop, Ariz DATE OF BURIAL 4/15/1925
 20. UNDERTAKER _____ ADDRESS _____