560

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 536
County Registrar's - No.
Local Registrar's - No. 20

PLACE OF DEATH

1. County Yuma
District Somerton
Town or City ..... No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Albert E. Lott

(a) Residence. No. Yuma Valley 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: 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~~ Marie J. Lott

6. DATE OF BIRTH (month, day and year) Feb. 4th 1861

7. AGE: Years 63 | Months 5 | Days 14 | IF LESS than 1 day ..... hrs. or ..... min.

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

9. BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10. NAME OF FATHER George Lott

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

12. MAIDEN NAME OF MOTHER Elizabeth Williams

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

14. Informant Carl Brunette
(Address) Yuma Ariz

15. Filed July 27 1925 C. P. Cavanah Local Registrar.
Filed ....., 19 ..... County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 18 1925

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 12:00 m.
The CAUSE OF DEATH* was as follows:
Gunshot, self inflicted

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

CONTRIBUTORY (Secondary) No (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) C. P. Cavanah Coroner, M. D.
19 (Address)

* 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: Yuma Cemetery — DATE OF BURIAL: 7/20 1925

20. UNDERTAKER: O. Johnson — ADDRESS: Yuma Ariz