9841

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

State Index - - - - - No. 383
County Registrar's - - No.
Local Registrar's - - - No. 167

PLACE OF DEATH

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

2. FULL NAME Cleveland H. Plummer

(a) Residence. No. Idylwild, Prescott, Ariz. (Usual place of abode) ..... Ward. ..... (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

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. C. H. Plummer

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

7. AGE: Years 41 | Months 2 | Days 1 | IF LESS than 1 day ..... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER W. C. Plummer
11. BIRTHPLACE OF FATHER No record (city or town) (State or country) Kentucky
12. MAIDEN NAME OF MOTHER No record
13. BIRTHPLACE OF MOTHER " " (city or town) (State or country) " "

14. Informant (Address) Mrs. Nancy Plummer Prescott, Ariz.

15. Filed Harry S. Southworth Local Registrar.
Filed ....., 19 ..... County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Oct. 25 1925

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1925 to Oct 25, 1925, that I last saw him alive on June 28, 1925 and that death occurred, on the date stated above, at 4:30 P.m. The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

Probable (duration) 2 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? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Symptoms
(Signed) John W. Plummer M. D.
Oct 26 1925 (Address) Prescott, Arizona.

* 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: Mountain View Cem.
DATE OF BURIAL: Oct. 27 1925
20. UNDERTAKER: Lester Ruffner
ADDRESS: Prescott, Ariz