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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 124
County Registrar's - No. 607
Local Registrar's - No. 607

PLACE OF DEATH

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

2. FULL NAME Merl Lee Parsons

(a) Residence. No. Morenci 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

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

7. AGE: Years | Months: 1 | Days: 15 | 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) Morenci
(State or country)

PARENTS

10. NAME OF FATHER A. N. Parsons
11. BIRTHPLACE OF FATHER Texas (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER Lettie Dunaway
13. BIRTHPLACE OF MOTHER Texas (city or town)
(State or country)

14. Informant A. N. Parsons
(Address) Morenci

15. Feb 17, 26 D. H. Moreuler Local Registrar.

Filed ..., 19 ... County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 2/16 1926

17. I HEREBY CERTIFY, That I attended deceased from 2/4, 1926 to 2/15, 1926
that I last saw h... alive on 2/15, 1926
and that death occurred, on the date stated above, at 12:30 p.m.
The CAUSE OF DEATH* was as follows:

Influenza

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

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ... yrs. ... mos. 6 ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. L. Wolfer M. D.
2/17 1926 (Address) Morenci

* 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: Fairview Cemetery | DATE OF BURIAL: Feb 17 1926

20. UNDERTAKER | ADDRESS