

4843

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A 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 Graham
District Thatcher
Town or City Thatcher

BUREAU OF VITAL STATISTICS

State Index - - - No. 112
County Registrar's - No. 31
Local Registrar's - No. 31

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Harold Lee Peel
(a) Residence, No. Thatcher 9th St., Thatcher Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 3 mos. 29 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day and year) <u>Nov. 25 - 1919</u>		
7. AGE	Years <u>6</u>	Months <u>3</u>
	Days <u>29</u>	IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>room</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (city or town) <u>Thatcher, Arizona</u> (State or country)		
10. NAME OF FATHER <u>Paul Alvins Peel</u>		
11. BIRTHPLACE OF FATHER <u>Nutroso</u> (city or town) (State or country)		
12. MAIDEN NAME OF MOTHER <u>Alvina Belgia Philip</u>		
13. BIRTHPLACE OF MOTHER <u>Thatcher</u> (city or town) (State or country)		
14. Informant (Address) <u>Paul Peel Thatcher</u>		
15. Filed <u>June 8, 1926</u> <u>J. H. Stratton</u> Local Registrar. V. S. No. 1		

16. DATE OF DEATH (month, day, and year) <u>4/23 - 1926</u>
17. I HEREBY CERTIFY, That I attended deceased from <u>4/23/26</u> 19... to <u>4/23/26</u> , 19... that I last saw him alive on <u>4/23 - 26</u> , 19... and that death occurred, on the date stated above, at <u>8 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Wagon passed over</u> <u>abductor</u> (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.
18. Where was disease contracted <u>Arizona</u> not a place of death? Did an operation precede death? <u>no</u> Date of <u>227</u> Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>no</u> (Signed) <u>M. E. Platt</u> M. D. <u>4/24</u> 19 <u>26</u> (Address) <u>Thatcher Ariz</u> * 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 <u>Thatcher Ariz</u> DATE OF BURIAL <u>4/24 1926</u>
20. UNDERTAKER <u>Orson Tyler</u> ADDRESS <u>Thatcher Ariz</u>