

1844

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Graham BUREAU OF VITAL STATISTICS State Index - - - No. 113
 District Safford County Registrar's - No. _____
 Town or City Safford No. none Local Registrar's - No. 25
 (If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME James Melvin Morris
 (a) Residence No. Safford 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. 10 mos. _____ ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED single
 (Write the word)
 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of none
 6. DATE OF BIRTH (month, day and year) June-5-1925
 7. AGE Years Months Days IF LESS than 1 day hrs. or min.
10 18
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business or establishment in which employed (or employer)
 (c) Name of employer

16. DATE OF DEATH (month, day, and year) April 23, 1929
 17. I HEREBY CERTIFY, That I attended deceased from 4/1, 1929 to 4/23, 1929
 that I last saw him alive on 4/20, 1929
 and that death occurred, on the date stated above, at 39 M.
 The CAUSE OF DEATH* was as follows:
influenza

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____ (duration) yrs. mos. ds.

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis _____ (Signed) J. W. Heston, M. D.
4/23 1929 (Address) Safford

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.)

9. BIRTHPLACE (city or town) Safford, Arizona (State or country)
 10. NAME OF FATHER Frank Morris
 11. BIRTHPLACE OF FATHER Safford (city or town)
 12. MAIDEN NAME OF MOTHER Ray Montuitt
 13. BIRTHPLACE OF MOTHER Safford (city or town)

14. Informant Frank Morris (Address) Safford

15. Filed May 8, 1929 J. N. Stratton Local Registrar.
 Filed _____, 19 _____
 V. S. No. 1 County Graham

19. PLACE OF BURIAL, CREMATION OR REMOVAL Safford DATE OF BURIAL 4/23 1929

20. UNDERTAKER Frank Morris ADDRESS Safford

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.