

2380

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

BUREAU OF VITAL STATISTICS

State Index - - - No. 129
County Registrar's - No.
Local Registrar's - No.

1. County Greenlee
District Franklin

ORIGINAL CERTIFICATE OF DEATH

Town or City

No. _____ St. _____ Ward _____
(if death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME George Washington Wyatt

(a) Residence. No. Franklin St., _____ Ward. _____

Length of residence in city or town where death occurred 6 yrs. mos. ds. (if nonresident, give city or town and State)
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 Married
(Write the word)

5a. If married, widowed, or divorced HUSBAND of Emma E Bryant Wyatt (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) May 26 1856

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
69 5 12

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

9. BIRTHPLACE (city or town) Macon Co. Georgia (State or country)

10. NAME OF FATHER Richard H Wyatt

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

12. MAIDEN NAME OF MOTHER Louise G. Verner

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

14. Informant (Address) Mrs. Christensen R. A. Duncan Ariz

15. Filed June 10, 1926 Franklin Local Registrar

Filed _____, 19 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 28th 1926

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1925 to May 26th, 1926 that I last saw him alive on May 26th, 1926

and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH* was as follows:
Endocarditis

CONTRIBUTORY (Secondary) Nephritis (duration) 7 yrs. mos. ds.

18. Where was disease contracted (duration) 7 yrs. mos. ds. if not at place of death?

Had an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. H. Bailey, M. D. (Address) Duncan Ariz

* 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 Duncan Ariz DATE OF BURIAL May 30 1926

20. UNDERTAKER Mr. Pascoe ADDRESS Chifton Ariz