2795

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. 503a
County Registrar's No.
Local Registrar's - No.

PLACE OF DEATH

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

2. FULL NAME Infant J. Florence Collins

(a) Residence. No. ..... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR or RACE: Ind
5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

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

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

7. AGE: Years | Months: 10 | Days: 28 | IF LESS than 1 day ..... hrs. or ..... min.

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

9. BIRTHPLACE (city or town) Colo. River Ag
(State or country)

PARENTS

10. NAME OF FATHER Henry L. Collins
11. BIRTHPLACE OF FATHER (city or town) Yuma
(State or country)
12. MAIDEN NAME OF MOTHER Florence Martz
13. BIRTHPLACE OF MOTHER (city or town) Colo. River Ag
(State or country)

14. Informant .....
(Address)

15. Filed ....., 19 .....

V. S. No. 1 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 5-26 1926

17. I HEREBY CERTIFY, That I attended deceased from 5-6, 1926 to 5-9, 1926, that I last saw h alive on 5-9 1926, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH* was as follows:
Acute gastro-enteritis
(duration) ..... yrs. ..... mos. 20 ds.
CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? ..... Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) M. A. Neile, M. D.
19 (Address) Colo. River Ag

* 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 | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS