

1817

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF BIRTH
County: Yavapai State: Arizona
District or Township: Walnut Grove or Village:
City: No. St. Ward

State File No. 350-a
Registered No. 2438

2. FULL NAME: Henry Edward Pierce
(a) Residence, No. (Usual place of abode) St. Ward.
Length of residence in city or town where death occurred 3 yrs. mos. ds. 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
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Addie Pierce
6. DATE OF BIRTH (month, day and year): 4-6-1872
7. AGE: 54 Years, 5 Months, 14 Days
8. OCCUPATION OF DECEASED: Poultry Raising
9. BIRTHPLACE (city or town) (State or country): Tule River California
10. NAME OF FATHER: William Pierce
11. BIRTHPLACE OF FATHER (State or country) (city or town): Tenn
12. MAIDEN NAME OF MOTHER: Mary Bursey
13. BIRTHPLACE OF MOTHER (State or country) (city or town): Little Rock Arkansas
14. Informant: Mrs. Addie Pierce
15. Filed: Harry J. Southworth Registrar

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year): Sept. 20 1926
17. I HEREBY CERTIFY, That I attended deceased from ON Aug 19 1926 to 19... that I last saw h... alive on 19... and that death occurred, on the date stated above, at 6.30 A.M. The CAUSE OF DEATH* was as follows: Chronic Pulmonary Tuberculosis
CONTRIBUTORY (Secondary)
18. Where was disease contracted if not at place of death? Arizona
Did an operation precede death? No Date of
Was there an autopsy? Not known
What test confirmed diagnosis? Symptoms & Signs
(Signed) John H. Plouse, M.D.
* 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: Walnut Grove, Arizona DATE OF BURIAL: 9-21-26
20. UNDERTAKER: Lester Ruffner ADDRESS: Prescott Ariz

MARGIN RESERVED FOR BINDING. 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.