

1863

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

PLACE OF DEATH
1. County Cochise State Index - - - No. 15
District Warren County Registrar's - No. _____
Town or city Bisbee No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Leo Hareity Jr.
(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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>American</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)			16. DATE OF DEATH (month, day, and year) <u>10/4 1924</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to <u>Oct. 4</u> , 19____ that I last saw him alive on <u>Oct. 4</u> , 19____	
6. DATE OF BIRTH (month, day and year)					and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows: <u>Incomplete closure of foramen ovale.</u>	
7. AGE	Years	Months	Days	IF LESS than 1 day or min.	18. Where was disease contracted (duration) _____ yrs. mos. ds. If not at place of death? _____	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					19. Where was disease contracted (duration) _____ yrs. mos. ds. If not at place of death? _____	
9. BIRTH PLACE (city or town) (State or Country) <u>Bisbee</u>					Did an operation precede death? _____ date of _____	
10. NAME OF FATHER <u>Leo Hareity</u>					Was there an autopsy? _____	
11. BIRTHPLACE OF FATHER (State or country) <u>New Mexico</u>					What test confirmed diagnosis? <u>Edmiston Durrugh</u>	
12. MAIDEN NAME OF MOTHER <u>Anna Hareity</u>					Signed _____ 10/6 19 24 (Address) <u>Bisbee Ariz</u>	
13. BIRTHPLACE OF MOTHER (State or country) <u>Bisbee</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.)	
14. Informant (Address) <u>Leo Hareity</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Home Ranch</u> DATE OF BURIAL <u>Oct 6 1924</u>	
15. Filed <u>10-6-24</u> 19____ <u>A. W. Kumpfer</u> Local Registrar.					20. UNDERTAKER <u>Palace Undertaking</u> ADDRESS <u>Bisbee</u>	
V. S. No. 1 _____ 19____ _____ County Registrar.						

(Handwritten signatures and notes)
Prematurity 870 mo
Edmiston Durrugh
Palace Undertaking
Bisbee
10/6/24