

2110

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

1. PLACE OF DEATH
County: Mohave
District or Township: Kingman
City: Kingman
State File No: 254
Registered No: 51
2. FULL NAME: Gemma Queen Yeep, Tom King
(a) Residence No: Kingman, Ariz.
Length of residence in city or town where death occurred: 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: Chicanos
5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE: 51 Years, Months, Days
8. OCCUPATION OF DECEASED: Cook
9. BIRTHPLACE (city or town) (State or country): San Francisco, Cal.
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town) (State or country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

14. Informant: Don Or
(Address): Kingman, Ariz.
15. Filed: Oct. 25, 1916 Mrs. Mary and Bohman Registrars

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Oct 20 1926
17. I HEREBY CERTIFY, That I attended deceased from
that I last saw him alive on
and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows:
Key gunshot wounds
Murder
CONTRIBUTOR (Secondary)
18. Where was disease contracted
Did an operation precede death?
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Sam + 1 Miller Coronar
19 (Address)

* 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: Kingman Ariz
20. UNDERTAKER: O. H. ... Kingman Ariz
DATE OF BURIAL: Oct 25
ADDRESS:

fully 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.