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MARGIN RESERVED FOR BINDING. 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.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	Cocconino	BUREAU OF VITAL STATISTICS	State Index - - - - No. 59
District	Williams	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - - - No.
Town or City	Williams		Local Registrar's - - - No. 12
2. FULL NAME		No. (If death occurred in a hospital or institution, give its NAME instead of street number).	
Thomas Smith			
(a) Residence No.		Ward	
Williams - Arizona			
(Usual place of abode)		(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred		How long in U. S. if of foreign birth?	
45 yrs. mos. ds.		yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.	
Male	White	Married	
5a. If married, widowed, or divorced			
HUSBAND of Mary Smith			
(or) WIFE of			
6. DATE OF BIRTH (month, day and year)			
Jan. 15 - 1895			
7. AGE	Years	Months	Days
82	9	17	
IF LESS than 1 day hrs. or min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work			
Rancher			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town)			
Waverly			
(State or country)			
Pennapee			
10. NAME OF FATHER			
Abraham Smith			
11. BIRTHPLACE OF FATHER			
(State or country)			
Penn			
12. MAIDEN NAME OF MOTHER			
Don't know			
13. BIRTHPLACE OF MOTHER			
(State or country)			
United States			
14. Informant (Address)			
Mary Smith			
Williams Arizona			
15. Filed			
5-4-1927			
Local Registrar.			
V. S. No. 1			
County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year)			
May 3 1927			
17. I HEREBY CERTIFY, That I attended deceased from			
Apr. 1st 1927 to May 3rd 1927			
that I last saw him alive on			
May 3rd 1927			
and that death occurred, on the date stated above, at 5.30 P.M.			
The CAUSE OF DEATH* was as follows:			
Chronic Nephritis result- ing in Uremia			
(duration) yrs. 6 mos. ds.			
18. CONTRA AUTOPSY (Secondary)			
(duration) yrs. mos. ds.			
Where disease contracted if not at place of death?			
no			
Did an operation precede death? no Date of			
Was there an autopsy? no			
What test confirmed diagnosis? symptoms			
(Signed) C. A. Melick M. D.			
May 3rd 1927 (Address) Williams 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		DATE OF BURIAL	
Williams - Arizona		5-5-1927	
20. UNDERTAKER		ADDRESS	
J. S. Button		Williams Arizona	