

2787

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.

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

1. PLACE OF DEATH
 County Yavapai State Arizona State File No. 513
 District or Township Prescott or Village _____ Registered No. 400 B
 City Prescott No. _____ County Hospital _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME R. C. Mc. Nary
 (a) Residence. No. Copper Basin (Usual place of abode) St. _____ Ward _____
 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>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Single</u>			16. DATE OF DEATH <u>May 3 1927</u> Month Day Year	
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>Mar 31 1927</u> to <u>May 3 1927</u> that I last saw him alive on <u>May 3 1927</u> and that death occurred, on the date stated above, at <u>3</u> m. The CAUSE OF DEATH was as follows: <u>Cerebral Hemorrhage</u>	
6. DATE OF BIRTH (month, day and year) <u>1864</u>					18. Where was disease contracted If not at place of death? <u>4-2</u>	
7. AGE	Years	Months	Days	IF LESS than 1 day	hrs.	or min.
<u>64</u>	<u>5</u>	<u>3</u>				
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Miner</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					19. What test confirmed diagnosis? <u>Autopsy</u> (Signed) <u>A. H. K...</u> M. D. <u>May 10 1927</u>	
9. BIRTHPLACE (city or town) <u>No record</u> (State or country) <u>Illinois</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.)	
10. NAME OF FATHER <u>G. K. Mc. Nary</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Prescott Arizona.</u>	
11. BIRTHPLACE OF FATHER <u>No record</u> (State or country) <u>No record</u>					DATE OF BURIAL <u>May 13-27</u>	
12. MAIDEN NAME OF MOTHER <u>No record</u>					20. UNDERTAKER <u>Lester Ruffner</u>	
13. BIRTHPLACE OF MOTHER <u>No record</u> (State or country) <u>No record</u>					ADDRESS <u>Prescott Ariz</u>	
14. Informant <u>Supt. County Hospital</u> (Address) <u>Prescott Ariz.</u>						
15. <u>Harry F. Southworth</u> 5/3/27						