

400130

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 Yavapai
District Springer
Town or city Spring

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 119
County Registrar's - No. _____
Local Registrar's - No. 48

2. FULL NAME Lewis P. Mattice

(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 45 yrs. 2 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
(Write the word)

6a. If married, widowed, or divorced HUSBAND of Ellen Mattice (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Jan-24-1873

7. AGE Years 54 Months 5 Days 1 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTHPLACE (city or town) Pima (State or Country) Ariz

10. NAME OF FATHER Nelson Peter Mattice

11. BIRTHPLACE OF FATHER Canada (State or country)

12. MAIDEN NAME OF MOTHER Parker

13. BIRTHPLACE OF MOTHER Jefferson (State or country) Ill. Iowa

14. Informant (Address) J. H. Stratton

15. Filed July 5 1927 J. H. Stratton Local Registrar. H. O. S.

Filed _____ 19____ County Registrar. V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6-25-1927

17. I HEREBY CERTIFY, That I attended deceased from 6-18 1927 to 6-24 1927 that I last saw him alive on 6-24 1927 and that death occurred, on the date stated above, at 5:30 P. M. The CAUSE OF DEATH* was as follows:

Chronic Intestinal Neoplasia
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? yes

Did an operation precede death? no date of _____

Was there an autopsy? no

What test confirmed diagnosis? Microsc.

Signed J. H. Stratton M. D. 6-26-1927 (Address) Spring

19. PLACE OF BURIAL, CREMATION OR REMOVAL Pima DATE OF BURIAL 6/27-1927

20. UNDERTAKER Burton Blake ADDRESS Spring