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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.

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

1. PLACE OF DEATH: County Pima, State Arizona, District or Township Tucson, City Tucson, No. St. Marys Hospital, Ward. 2. FULL NAME: (Jack) John Elmer Dyer, Jr., (a) Residence No. 1622 E. Broadway, St., Tucson, Ariz. Length of residence in city or town where death occurred 7 yrs. 9 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS: 3. SEX Male, 4. COLOR or RACE White, 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single, 6. DATE OF BIRTH Dec. 4, 1919, 7. AGE 7 yrs. 9 mos. 22 ds., 8. OCCUPATION OF DECEASED in school, 9. BIRTHPLACE Tucson, Ariz., 10. NAME OF FATHER John E. Dyer, 11. BIRTHPLACE OF FATHER Mo., 12. MAIDEN NAME OF MOTHER Lulu Lohrman, 13. BIRTHPLACE OF MOTHER Kansas, 14. Informant John E. Dyer, 15. Filed 9/28, Registrar.

MEDICAL CERTIFICATE OF DEATH: 16. DATE OF DEATH Sept. 27, 1927, 17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1927 to Sept 25, 1927, that I last saw him alive on Sept 25, 1927, and that death occurred, on the date stated above, at 7:35 P.M. The CAUSE OF DEATH was as follows: Meningitis, mixed infection, cause undetermined, 18. Where was disease contracted if not at place of death? No, Did an operation precede death? Lumbar puncture, Was there an autopsy? no, What test confirmed diagnosis? Clinical & microscopic, (Signed) Dr. J. Norris, M. D., SEP 27 1927, 19. PLACE OF BURIAL, CREMATION OR REMOVAL Evergreen Cemetery, 20. UNDERTAKER Kelly Undertaking Co., DATE OF BURIAL Sept. 28, 1927, ADDRESS Tucson, Arizona