

2293

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

1. PLACE OF DEATH
County: Pima, State: Arizona, Registered No. 4562
District or Township: Ajo, or Village:
City: No. (If death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME: Carl Henry Julius Ketch
(a) Residence. No. Ajo, Arizona, St., Ward.
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male, COLOR or RACE: White, 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single
6. DATE OF BIRTH (month, day and year):
7. AGE: Years 25, Months 11, Days 24, IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED: None for 5 past years, on
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (city or town) (State or country): Cape Fear, Denmark
10. NAME OF FATHER: Henry Edward Ketch
11. BIRTHPLACE OF FATHER: Copenhagen (city or town)
12. MAIDEN NAME OF MOTHER: Julia Johansen
13. BIRTHPLACE OF MOTHER: Denmark (city or town)
14. Informant: Henry Edward Ketch (Address) Ajo, Arizona
15. Filed: March 17, 1928, John S Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 17, 1928
17. I HEREBY CERTIFY, That I attended deceased from 1923, 1928 to March 17, 1928 that I last saw him alive on March 16, 1928 and that death occurred, on the date stated above, at 11:15 AM. The CAUSE OF DEATH\* was as follows: Pulmonary Tuberculosis
CONTRIBUTORY (Secondary) Influenza 1918
18. Where was disease contracted? Baltimore Md
Did operation precede death? no Date of:
Was there an autopsy? no
What test confirmed diagnosis? (Signed) O.P. Patton M.D.
March 17, 1928 (Address) Ajo, 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: Ajo, Ariz DATE OF BURIAL: March 17, 28
20. UNDERTAKER: W.H. Lyons ADDRESS: Ajo, Ariz.

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.