1223

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - No. 40
County Registrar's No. 31
Local Registrar's - No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

1. County Cochise
District
Town or City Mescal No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Daniel Conrad Naegle

(a) Residence. No. Mescal, Ariz St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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

3. SEX: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Altia W. Naegle

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 53 | Months 4 | Days 1 | IF LESS than 1 day ....hrs. or ....min.

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

9. BIRTHPLACE (city or town) Lehi
(State or country) Arizona

PARENTS

10. NAME OF FATHER Jno. Conrad Naegle
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Bavaria-Germany
12. MAIDEN NAME OF MOTHER Barbara Beck
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14. Informant Altia Naegle
(Address)

15. Filed 7-26, 1928 R. E. Yelland Registrar

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July-24 1928

17. I HEREBY CERTIFY, That I attended deceased from June 8-23, 1928 to July-24, 1928, that I last saw him alive on July-17, 1928, and that death occurred, on the date stated above, at 10:30 A.m.
The CAUSE OF DEATH* was as follows:
Acute indigestion and acute cardiac dilatation
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Sudden death
(Signed) G. H. Quite, M. D.
19 (Address) Benson, 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: Pomerene, Ariz.
DATE OF BURIAL: July-25 1928

20. UNDERTAKER: Family & Friends
ADDRESS