

2200

STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registered No. _____
 District or Township _____ or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident, 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 _____ 4. COLOR or RACE _____ 5. SINGLE, MARRIED, WIDOWED or DIVORCED. _____
 (Write the word)

5a. If married, widowed or divorced HUSBAND of _____ or WIFE of _____
 (or) _____

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

7. AGE _____ Years _____ Mos. _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (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) _____

10. NAME OF FATHER _____
 11. BIRTHPLACE OF FATHER _____ (State or country) _____

12. MAIDEN NAME OF MOTHER _____
 13. BIRTHPLACE OF MOTHER _____ (State or country) _____

14. Informant _____ (Address) _____

15. Filed _____, 1928 _____ Deputy Registrar.

16. DATE OF DEATH _____ 19 _____
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____ to _____
 that I last saw him alive on _____
 and that death occurred, on the date stated above.
 The CAUSE OF DEATH* was as follows:

 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____
 or at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 (Specify) _____ M. D.
 * 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 _____ DATE OF BURIAL _____
 20. UNDERTAKER _____ ADDRESS _____

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

1. PLACE OF DEATH State File No. 424
 County Yuma State Arizona Registered No. 109
 District or Township Yuma or Village _____ or _____
 City Yuma No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).
 2. FULL NAME Charles W. Buntin
 (a) Residence, No. Orange Ave 511th St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred 14 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. married
 (Write the word)

5a. If married, widowed or divorced HUSBAND of Surae Buntin 1880 or WIFE of _____
 (or) _____

6. DATE OF BIRTH (month, day and year) April 17 1880

7. AGE 48 Years 3 Mos. 19 Days IF LESS than 1 day _____ hrs. or _____ min.

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

9. BIRTHPLACE (city or town) Missouri (State or country) _____

10. NAME OF FATHER Wm Buntin
 11. BIRTHPLACE OF FATHER Ill (State or country) _____

12. MAIDEN NAME OF MOTHER Julia Simpkins
 13. BIRTHPLACE OF MOTHER Yonkers (State or country) _____

14. Informant A. Johnson (Address) Yuma

15. Filed Aug 9, 1928 A. Wupperman Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 6 28
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1927 to July 6, 1928
 that I last saw him alive on July 9, 1928
 and that death occurred, on the date stated above.
 The CAUSE OF DEATH* was as follows:
Pharyngeal tuberculosis
 (duration) 20 yrs. _____ mos. _____ ds.

CONTRIBUTORY none (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____
 or at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 (Specify) Sturge's heads M. D. Aug 9 1928 (Address) Yuma, Arizona

* 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 _____ DATE OF BURIAL 8/8-28
 20. UNDERTAKER A. Johnson ADDRESS _____

be properly classified. Exact state of OCCUPATION is very important. See instruction on back of certificate.