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

1. PLACE OF DEATH
County: Hualapai, Arizona
State: Arizona
Registered No. 48
City: Hualapai, Arizona
2. FULL NAME: Harry Wildeman
(a) Residence, No. Hill Top, Arizona
Length of residence in city or town where death occurred: yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED: (Write the word)
6. DATE OF BIRTH (month, day and year)
7. AGE: 26
8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work; (b) General nature of industry, business or establishment in which employed; (c) Name of employer

9. BIRTHPLACE (city or town): New Orleans, La.
10. NAME OF FATHER: Harry Wildeman
11. BIRTHPLACE OF FATHER: (city or town)
12. MAIDEN NAME OF MOTHER: Bruden
13. BIRTHPLACE OF MOTHER: (city or town)

14. Informant: C. G. Beans
15. Filed: Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: Dec 28, 1928
17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928 to Dec 28, 1928, that I last saw him alive on Dec 2, 1928, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH\* was as follows:

Cerebral Sumon
(duration) 1 yrs. mos. da.
CONTRIBUTORY: Dementia Mentality (Secondary) Hydrocephalus chronic.
(duration) yrs. mos. da.

18. Where was disease contracted: Ariz
If not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? symptoms
(Signed) J. P. Plummer, M.D.
1278/28 19 (Address) Douglas, Ariz

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Paradise
DATE OF BURIAL: 12/30/28
20. UNDERTAKER: Pauline
ADDRESS: Douglas

MARGIN RESERVED FOR BINDING
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.