

9448

MARGIN RESERVED FOR BINDING
N. E.—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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Coconino District Flagstaff Town or City Flagstaff

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 87
County Registrar's - - No. _____
Local Registrar's - - - No. 7

2. FULL NAME Frank McKinney
(a) Residence No. County Hospital, admitted July 21 1929
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 1 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Widowed
(Write the word)

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

6. DATE OF BIRTH (month, day and year) Jan 24 1849

7. AGE 80 Years Months 6 Days IF LESS than 1 day _____ hrs. or _____ min.

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

9. BIRTHPLACE (city or town) (State or country) Miss

10. NAME OF FATHER Hugh McKinney

11. BIRTHPLACE OF FATHER (city or town) (State or country) Tenn

12. MAIDEN NAME OF MOTHER Jane Lawrence

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Mo.

16. DATE OF DEATH (month, day, and year) Jan 30 1929

17. I HEREBY CERTIFY, That I attended deceased from July 21 1928 to Jan 29 1929 that I last saw him alive on Jan 28 1929 and that death occurred, on the date stated above, at 6-25 Am. The CAUSE OF DEATH* was as follows:
Cirrhosis of Liver
Unknown (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? Physician Examination
(Signed) E.S. Miller M. D.
Jan 30 1929 (Address) Flagstaff

* 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.)

14. Informant (Address) _____

15. Filed Jan 30 1929 L. J. Manning Local Registrar.
Filed _____, 19 E.S. Miller County Registrar.
V. S. No. 1 _____

19. PLACE OF BURIAL, CREMATION OR _____ DATE OF BURIAL
Flagstaff Jan 1929

20. UNDERTAKER W. L. Compton ADDRESS Flagstaff