9920

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 533

Registered No.

1. PLACE OF DEATH

County Pima

District or Township Ajo State Ariz

City Ajo or Village

No. St., Ward

2. FULL NAME Charles Gray (If death occurred in a hospital or institution, give its NAME instead of street and number), or

(a) Residence, No. (Usual place of abode) St., Ward.

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. (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: Colored, Mulatto

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Married

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

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

7. AGE: Years 70 | Months | Days | If LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mining

(b) General nature of industry, business or establishment in which employed (or employer) Soldier of fortune

(c) Name of employer Indian Scout

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

PARENTS

10. NAME OF FATHER ✓ Not known

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

12. MAIDEN NAME OF MOTHER ✓

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

14. Informant John S Wood, (Address)

15. Filed Jan 10, 1929 John S Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF BIRTH Jan 9 Month Day 1929 Year

17. I HEREBY CERTIFY, That I attended deceased from No doctor, 19 to 19, that I last saw him alive on 19, and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:

No Doctor Called.
Died while coming in from a Mining Camp.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Myo-Carditis

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) John S Wood ✓ Corner Jan 10 1929 (Address) Ajo Ariz, 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 Ajo Ariz

DATE OF BURIAL Jan 10 1929.

20. UNDERTAKER H. T. Lyons

ADDRESS Ajo Ariz

N. B.—WRITE PLAINLY, WITH UNFADING INK. SPACE RESERVED FOR BINDING. fully 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. THIS IS A PERMANENT RECORD.