

2128

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

1. PLACE OF DEATH
County: Yuma Arizona
District or Township: Yuma or Village
City: Yuma
2. FULL NAME: William T. H. Boil
(a) Residence, No. On Ranch
Length of residence in city or town where death occurred 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: male
4. COLOR or RACE: white
5. SINGLE, MARRIED, WIDOWED or DIVORCED: married
6. DATE OF BIRTH (month, day and year): Nov 8 1869
7. AGE: 69
8. OCCUPATION OF DECEASED: Farmer
9. BIRTHPLACE (city or town) (State or country): Texas
10. NAME OF FATHER: James Boil
11. BIRTHPLACE OF FATHER (city or town) (State or country): Missouri
12. MAIDEN NAME OF MOTHER: Sarah West
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ill
14. Informant: O Johnson Yuma Ariz
15. Filed: 1-11-29 Registrar: P. R. ...

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: January 27 1929
17. I HEREBY CERTIFY that I attended deceased from Jan 27 1929 to Jan 27 1929
that I last saw him alive on Jan 27 1929
and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows:
Angina Pectoris
18. Where was disease contracted?
Did an operation precede death?
Was there an autopsy?
What test confirmed diagnosis?
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Yuma Cemetery
DATE OF BURIAL: 1/29-29
20. UNDERTAKER: O Johnson Yuma Ariz

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.