

2295

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Graham BUREAU OF VITAL STATISTICS State Index - - - No. 138  
District Hatcher ORIGINAL CERTIFICATE OF DEATH County Registrar's - No. 15  
Town or City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Edward Charles Phelps  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (month, day, and year) 2/4 - 19 29

5a. If married, widowed, or divorced HUSBAND of Beauchamp Nelson  
(or) WIFE of \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from 1/15 - 1929 to 2/4, 1929  
that I last saw him alive on 2/4, 1929.

6. DATE OF BIRTH (month, day and year) 12/29, 1849

and that death occurred, on the date stated above, at 12 noon  
The CAUSE OF DEATH was as follows:

7. AGE 79 Years 1 Months 5 Days IF LESS than 1 day... hrs. or... min.

acute Diarrhea

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

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 20 ds.  
CONTRIBUTORY (Secondary) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

18. Where was disease contracted yes  
if not at place of death? \_\_\_\_\_  
Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_

10. NAME OF FATHER Edward Phelps

What test confirmed diagnosis? acute Diarrhea

11. BIRTHPLACE OF FATHER England  
(State or country)

(Signed) W. E. Platt M. D.  
2/4 19 29 (Address) Hatcher, Ariz.

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

\* 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.)

13. BIRTHPLACE OF MOTHER England  
(State or country)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Hatcher DATE OF BURIAL 2/5 1929

14. Informant (Address) R. D. Phelps

20. UNDERTAKER Halbert Rea ADDRESS Hatcher

15. Filed March 9, 1929 J. H. S. Hatcher Local Registrar.

Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

V. S. No. 1

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH EXACTLY. Exact statement of OCCUPATION is very important. See instructions on reverse of certificate.