2303

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 145

Registered No. ~~151~~ 11

1. PLACE OF DEATH

County Graham State Arizona or

District or Township Safford. or Village St., Ward

City Thatcher No. (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Van Taylor McRae.

(a) Residence, No. Thatcher Ariz St., Ward. (If non-resident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: boy

4. COLOR or RACE: American White

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day and year) Nov 13-1914-

7. AGE: Years 14 Months 3 Days 5 IF LESS than 1 day ....hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: School boy

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

(c) Name of employer

9. BIRTHPLACE (city or town) Thatcher

(State or country) Graham Co. Ariz.

PARENTS

10. NAME OF FATHER Nephi Charles McRae

11. BIRTHPLACE OF FATHER Huachuca Mt. (city or town)

(State or country) Cochise Co. Ariz.

12. MAIDEN NAME OF MOTHER Sarah Chaney

13. BIRTHPLACE OF MOTHER Fairview (city or town)

(State or country) Sanpete Co. Utah.

14. Informant Mother V. C. McRae

(Address) Thatcher

15. Filed March 9, 1929 J. N. Stratton Registrar. H. B. J.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb-17- 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 2d, 1929 to Feb 17th, 1929, that I last saw him alive on Feb 17th, 1929, and that death occurred, on the date stated above, at 4.40 P.M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocarditis

Mitral Regurgitation

(duration) ....yrs. ....mos. 14 ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. W. S. Quibb M. D.

Feb 18th 1929 (Address) Safford Ariz

* 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: Thatcher Ariz

DATE OF BURIAL: Feb. 18th

20. UNDERTAKER: Mrs M. Michelson

ADDRESS: Thatcher

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 cert.