

2663

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

1. PLACE OF DEATH State File No. 487 Registered No. 1512
County Pima State Arizona
District or Township or Village or
City Gjo No. St. Ward
2. FULL NAME Heinrich Edward Kelch
(a) Residence, No. Gjo. Ariz St. Ward.
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? Not known yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX M 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Widowed
5a. If married, widowed, or divorced HUSBAND of Julia Johnson Kelch (or) WIFE of
6. DATE OF BIRTH (month, day and year) July 27, 1878
7. AGE Years 50 Months 6 Days 19 IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Barber (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer
9. BIRTHPLACE (city or town) Copenhagen (State or country) Denmark
10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (city or town) Germany (State or country)
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (city or town) Not known (State or country)

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH Feb. 15 1929
Month Day Year
17. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1929 to Feb. 14 1929, that I last saw him alive on Feb. 14, 1929, and that death occurred, on the date stated above, at 3:30 A.M. The CAUSE OF DEATH\* was as follows: Malaria Vectoris by Janine Myocarditis (duration) 1 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? Symptoms of physical (Signed) H. S. Atwood, M. D. Feb. 15 1929 (Address) Gjo. 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).

14. Informant Mrs. Cruise (Address) Gjo. Ariz.
15. Filed Feb 15 1929 John B Wood Registrar.
19. PLACE OF BURIAL, CREMATION OR REMOVAL Ajo Ariz DATE OF BURIAL REMOVAL Feb 15 1929
20. UNDERTAKER H T Lyons ADDRESS Ajo Ariz

... 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.