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

1. PLACE OF DEATH State File No. 468 Registered No. 16
County: Pima State: Arizona
District or Township: Agi or Village:
City: Agi No. St. Ward

2. FULL NAME: Robert Arthur Seeds
(a) Residence, No. Agi 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. COLOR or RACE: white 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single

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

6. DATE OF BIRTH (month, day and year): Aug. 12, 1928

7. AGE: Years 6 Months 8 Days LESS than 1 yr. min.

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

9. BIRTHPLACE (city or town): Agi (State or country): Arizona

10. NAME OF FATHER: James Robert Seeds

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

12. MAIDEN NAME OF MOTHER: Ruby Marie Brown

13. BIRTHPLACE OF MOTHER: Kerbyville (city or town): Texas

14. Informant: Jacqueline Brown (Address): Agi, Arizona

15. Filed: March 4, 1929 John S Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: March 4, 1929 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1929 to March 4, 1929.

That I last saw her alive on March 3, 1929, and that death occurred, on the date stated above, at 10:00 a.m. The CAUSE OF DEATH* was as follows: Myocarditis

(duration) 4 yrs. 1 mos. 18 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? Physical Exam (Signed) (Address) Agi, Arizona

* 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: Agi Ariz DATE OF BURIAL: Mar 1929

20. UNDERTAKER: Family ADDRESS: Agi 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.