

826

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

1. PLACE OF DEATH: County Gila, State, Local Registrar's No. 79/110. City Miami, No. Mission Superior High Way. 2. FULL NAME: M. Clifford Key. (a) Residence, No. 1619 1/2 Pine St., Ward.

PERSONAL AND STATISTICAL PARTICULARS: 3. SEX: Male, 4. COLOR or RACE: White, 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Married. 6. DATE OF BIRTH: April 22, 1902. 7. AGE: 37. 8. OCCUPATION OF DECEASED: Holder. 9. BIRTHPLACE: Georgia. 10. NAME OF FATHER: Wm. P. Key. 11. BIRTHPLACE OF FATHER: Georgia. 12. MAIDEN NAME OF MOTHER: Leggie Bell. 13. BIRTHPLACE OF MOTHER: Georgia.

MEDICAL CERTIFICATE OF DEATH: 16. DATE OF DEATH: April 10, 1929. 17. I HEREBY CERTIFY, That I attended deceased from... that I last saw him alive on... and that death occurred, on the date stated above, at... The CAUSE OF DEATH* was as follows: Auto Accident. 18. Where was disease contracted... Did an operation precede death?... Was there an autopsy?... What test confirmed diagnosis? (Signed) W. H. Sturges, M.D.

14. Informant (Address): 15. Filed April 11, 1929, Registrar: R. E. Dring. 19. PLACE OF BURIAL, CREMATION OR REMOVAL: Rural Cemetery. 20. UNDERTAKER: J. J. Myers. DATE OF BURIAL: Apr 20-29. ADDRESS: Miami.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK. THIS IS PERMANENT RECORD. Every item of information should be carefully checked for accuracy. 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.