

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Maricopa
District _____
Town or City Morenci

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH
State Index - - - No. 143
County Registrar's - No. 41
Local Registrar's - No. _____
No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Paul Becker
(a) Residence. No. Morenci St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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

MEDICAL CERTIFICATE OF DEATH

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

6. DATE OF DEATH (month, day, and year) 8-10 1929

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
1967

7. I HEREBY CERTIFY, That I attended deceased from _____
Mar, 1927 to 8-10, 1929
that I last saw him alive on 8-10, 1929

6. DATE OF BIRTH (month, day and year) _____

and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows:

7. AGE Years Months Days LESS than 1 day hrs. or min.
62

Chronic glomerulo-nephritis.

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

(duration) 3 yrs. _____ mos. _____ ds.
CONTRIBUTORY Uremia
(Secondary) (duration) _____ yrs. _____ mos. 1 ds.

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

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No

10. NAME OF FATHER Germany

What test confirmed diagnosis? _____
(Signed) Salvatore, M. D.
8-10 19 29 (Address) Morenci

11. BIRTHPLACE OF FATHER Paul Becker
(city or town) (State or country)

* 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.)

12. MAIDEN NAME OF MOTHER Paul Becker

13. BIRTHPLACE OF MOTHER Germany
(city or town) (State or country)

14. Informant (Address) Paul Becker

19. PLACE OF BURIAL, CREMATION OR REMOVAL Morenci DATE OF BURIAL Aug 13 1929

15. Filed Aug 11, 1929 W. H. ...
Local Registrar.

20. UNDERTAKER C. F. Pascoe ADDRESS Clifton

Filed _____, 19 _____
V. S. No. 1 County Registrar.