9236

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 99
County Registrar's - - No.
Local Registrar's - - - No. 98.

PLACE OF DEATH

1. County Graham
District Safford
Town or City Safford. No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME Curtis Mason Ligon

(a) Residence. No. Safford Ariz St., Ward.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 4 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. (Write the word): Married.

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

6. DATE OF BIRTH (month, day and year) July 12-1885

7. AGE: Years 44 | Months 3 | Days 17 | IF LESS than 1 day hrs. or min.

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

9. BIRTHPLACE (city or town) (State or country) Llano Co. Tex.

PARENTS

10. NAME OF FATHER Waddy T. Ligon
11. BIRTHPLACE OF FATHER (city or town) (State or country) Fayett Co. Texas.
12. MAIDEN NAME OF MOTHER Buena Barnett
13. BIRTHPLACE OF MOTHER (city or town) (State or country) ~~Waddy~~ Fayett Co. Texas.

14. Informant Jennie Ligon
(Address) Safford Ariz

15. Filed Nov. 9, 1929 J. N. Stratton H.B.J. Local Registrar.
Filed ,19 County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Oct 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 10/29, 1929 to 10/29, 1929
that I last saw him alive on 10/29, 1929
and that death occurred, on the date stated above, at 2 a. m.
The CAUSE OF DEATH* was as follows:
Aortic Insufficiency
aortic insufficiency
(duration) 3 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? — Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) J. N. Stratton, M. D.
10/29 1929 (Address) Safford

* 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: Safford Ariz
DATE OF BURIAL: Oct. 30 1929

20. UNDERTAKER: W. C. Rawson
ADDRESS: Safford.

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.