9614

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 423

1. PLACE OF DEATH

County Yuma State Arizona Local Registrar's No. 170

District or Township Yuma or Village or

City Yuma No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Kenneth Gilmore

(a) Residence, No. 1017 3rd st 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 3 yrs. 6 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): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August 3-1916

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

7. AGE Years 13 Months 2 Days 10 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Greenwich (State or country) Conn

PARENTS

10. NAME OF FATHER Francis J. Gilmore

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

12. MAIDEN NAME OF MOTHER Mildred Trefry

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

14. Informant O. Johnson (Address) Yuma Ariz

15. Filed Oct 15, 1929 H. Wuppermann Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 13 1929 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1929 to Oct 13, 1929 that I last saw him alive on Oct 13, 1929 and that death occurred, on the date stated above, at 3:30 P.M. The CAUSE OF DEATH* was as follows:

Gun shot wound in right side of head

(duration) 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?

What test confirmed diagnosis?

(Signed) [signature], M. D.

Oct 14 1929 (Address) Yuma 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.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Yuma Cemetery

DATE OF BURIAL: 10/15-29

20. UNDERTAKER: O. Johnson

ADDRESS: Yuma Ariz

3 25974

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.