

9912

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

1. PLACE OF DEATH
County: Maricopa State: Ariz. State File No: 249
District or Township: Mesa or Village: Registered No: 235
City: Mesa No. (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME: William Johnson LeBaron
(a) Residence, No. W. J. Rd Mesa St., Ward.
Length of residence in city or town where death occurred 50 yrs. mos. (If non-resident, give city or town and State)
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: Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Zing S. LeBaron
6. DATE OF BIRTH (month, day and year):
7. AGE: 73 Years Months Days IF LESS than 1 day, hr. or min.
8. OCCUPATION OF DECEASED:
(a) Trade, profession, or particular kind of work: Retired from
(b) General nature of industry, business or establishment in which employed (or employer): Store Keeper
(c) Name of employer:
9. BIRTHPLACE (city or town) (State or country): Payson Utah

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov 19 1929
17. I HEREBY CERTIFY, That I attended deceased from Nov 16 1929 to Nov 19 1929 that I last saw him alive on Nov 16 1929 and that death occurred, on the date stated above, at 7:05 AM. The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage influenza.
CONTRIBUTORY (Secondary) Paralysis for 5 years (duration) yrs. mos. ds.

10. NAME OF FATHER: David T. LeBaron
11. BIRTHPLACE OF FATHER (State or country) (city or town): U.S.A.
12. MAIDEN NAME OF MOTHER:
13. BIRTHPLACE OF MOTHER (State or country) (city or town): U.S.A.

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? Clinical (Signed) L. N. Brown M. D. 11-25 1929
* 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.)

14. Informant: Edward M. LeBaron
(Address) Los Angeles, Calif.

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mesa cemetery DATE OF BURIAL: 11-21-29
20. UNDERTAKER: MELDRUM MORTUARY ADDRESS: Mesa Ariz.

MARGIN RESERVED FOR BINDING
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.

15. Filed 11-26-29 Dr. F. H. Brown Registrar. Mrs B.