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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.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 02

1. PLACE OF DEATH

County Apache State Arizona Registered No.

District or Township St. Johns or Village or

City No. St., Ward

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

2. FULL NAME James Monari Richey

(a) Residence. No. 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 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 Mary A. Richey

6. DATE OF BIRTH (month, day and year) April 16 1848

7. AGE Years 80 Months 9 Days 12 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

PARENTS

10. NAME OF FATHER James Richey

11. BIRTHPLACE OF FATHER Pickens Co (city or town) (State or country) Alabama

12. MAIDEN NAME OF MOTHER Lucinda Mangrum

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

14. Informant Vivian Richey

(Address) St. Johns, Arizona

15. Filed 19 J R Ashby Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 12 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from 1926, 19 to , 19

that I last saw him alive on Feb 12, 1938

and that death occurred, on the date stated above, at 5 pm m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

Several (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? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Genl Symptoms

(Signed) T J Boulden, M. D.

19 (Address) St Johns 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

DATE OF BURIAL Feb 14th

20. UNDERTAKER Neighbors

ADDRESS