

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
<b>PLACE OF DEATH</b> 1. County <u>Graham</u> District <u>Safford</u> Town or City <u>Glenbar</u>			<b>ARIZONA STATE BOARD OF HEALTH</b> <b>BUREAU OF VITAL STATISTICS</b> <b>ORIGINAL CERTIFICATE OF DEATH</b>	
2. FULL NAME <u>George O. Curtis</u> (a) Residence. No. <u>Glenbar</u> 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.			State Index - - No. <u>105a</u> County Registrar's No. _____ Local Registrar's - No. <u>20</u>	
3. SEX <u>M</u>	4. COLOR or RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>W</u> (write the word)	16. DATE OF DEATH (month, day, and year) <u>2-8-30</u> 19	
5a. If married, widowed, or divorced <u>W</u> HUSBAND of _____ (or) WIFE of <u>Elizabeth</u>			17. I HEREBY CERTIFY, That I attended deceased from <u>2-16-1927</u> , 19 to _____, 19 <u>30</u> that I last saw him alive on <u>1-6</u> , 19 <u>30</u> , and that death occurred, on the date stated above, at <u>4</u> a. m. The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage</u>	
6. DATE OF BIRTH (month, day and year) <u>Oct 28-1869</u>			(duration) <u>3</u> yrs. <u>4</u> mos. _____ ds.	
7. AGE. Years <u>60</u>	Months <u>4</u>	Days _____	CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____			18. Where was disease contracted if not at place of death? <u>no</u>	
9. BIRTHPLACE (city or town) <u>Utah</u> (State or country)			Did an operation precede death? _____ Date of _____ Was there an autopsy? <u>no</u>	
10. NAME OF FATHER <u>W. H. Curtis</u>			What test confirmed diagnosis? <u>NO</u>	
11. BIRTHPLACE OF FATHER (city or town) _____ (State or country) <u>Ill</u>			(Signed) <u>J. W. Morris</u> , M. D. <u>2-8 19 30</u> (Address)	
12. MAIDEN NAME OF MOTHER <u>Martha Sims</u>			* 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.)	
13. BIRTHPLACE OF MOTHER (city or town) _____ (State or country) <u>England</u>			19. PLACE OF BURIAL, CREMATION OR REMOVAL _____ DATE OF BURIAL _____	
14. Informant <u>A. J. Curtis</u> (Address)			<u>Pine</u> <u>2-9-30</u> 19	
15. Filed <u>2-10-30</u> <u>R. N. Stratton</u> V. S. No. 1 Registrar			20. UNDERTAKER <u>Freeland Moody</u> ADDRESS <u>Glenbar</u>	