

1386

MARGIN RESERVED FOR BINDING. 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.

PLACE OF DEATH

1. County Graham  
District Safford  
Town or City Ft. Thomas

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - - No. 105  
County Registrar's - - No. 39  
Local Registrar's - - - No. 39

ORIGINAL CERTIFICATE OF DEATH

2. FULL NAME Nirgile Hinton

(a) Residence. No. Ft. Thomas  
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 7 mos. 10 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. Single  
(Write the word)

5a. If married, widowed, or divorced HUSBAND of None (or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 16 1917

7. AGE Years 12 Months 7 Days 10 IF LESS than 1 day or mos.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (city or town) Ft. Thomas (State or country) Oregon

10. NAME OF FATHER James B. Hinton

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

12. MAIDEN NAME OF MOTHER Ada L. Carneth

13. BIRTHPLACE OF MOTHER (State or country) Maverick Co. Texas (city or town)

14. Informant Elen Coleman (Address) Ft. Thomas

15. Filed 4/8 1930 J. M. Stratton Local Registrar. V. S. No. 1 19 County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 26 30

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1930 to March 26, 1930, that I last saw him alive on March 26, 1930

and that death occurred, on the date stated above, at 5-P m. The CAUSE OF DEATH\* was as follows:

Epidemic Cerebro Spinal Meningitis

(duration) yrs. mos. 1/2 day

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 March 26-30

Was there an autopsy? no What test confirmed diagnosis? none

(Signed) R. C. Dryden M. D. (Address) Pima 3/27 1930

\* 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 Ft. Thomas cemetery DATE OF BURIAL March 27 1930

20. UNDERTAKER W. C. Rawson ADDRESS Safford

By O. H. Jones