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

State File No. 126

Registered No. 169

1. PLACE OF DEATH

County Graham State Arizona

District or Township ..... or Village ..... or

City Thatcher No. ..... St., ... Ward

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

2. FULL NAME Thomas Blair

(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 32 yrs. mos. ds. How long in U. S. if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Elvina Blair (or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 28, 1854

7. AGE Years	Months	Days	IF LESS than 1 day ..... hr. or ..... min.
76	1	17	

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) .....

(State or country) England

PARENTS

10. NAME OF FATHER .....

11. BIRTHPLACE OF FATHER ..... (city or town)

(State or country)

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER ..... (city or town)

(State or country)

14. Informant B. F. Cluff

(Address) Central

15. Filed 7/8/, 1930 L. M. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 14, 1930 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb., 1929 to June 14, 1930

that I last saw him alive on June 14, 1930

and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

..... (duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted If not at place of death? At place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) E. H. Langdon, M. D.

June 15, 1930 (Address) Safford.

* 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 Thatcher

DATE OF BURIAL June 15, 1930

20. UNDERTAKER B. F. Cluff.

ADDRESS Central

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.