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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

1. PLACE OF DEATH  
 County Groham State Ariz State File No. \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village Hubbard Registered No. 204  
 City Hubbard No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Edward Tebbetts  
 (a) Residence. No. Hubbard St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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) Single

6. DATE OF BIRTH (month, day and year) Aug-5-1923

7. AGE 7 Years 3 Months 5 Days IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work no  
 (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) Oklahoma

10. NAME OF FATHER Isaac Tebbetts

11. BIRTHPLACE OF FATHER (State or country) Okl. (city or town) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Ema Thomas

13. BIRTHPLACE OF MOTHER (State or country) Arkansas (city or town) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10-10-1930  
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from 9/1-1930 to 10/10-1930  
 (Date I last saw him alive on 10/8-1930)  
 and that death occurred, on the date stated above, at 2 a. m.  
 The CAUSE OF DEATH\* was as follows:  
Cerebral Apoplex Meningitis  
 (duration) \_\_\_\_\_ yrs. 4 mos. 27 ds.

CONTRIBUTORY (Secondary) no  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted If not at place of death? Arizona  
 Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_  
 What test confirmed diagnosis? by microscope  
 (Signed) M. E. Platt M. D.  
10/10/1931 (Address) Hubbard

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 Isaac Tebbetts  
 (Address) Hubbard

15. Filed Nov-8-1930 L. N. Stratton Registrar.  
By O. M. Lopez

19. PLACE OF BURIAL, CREMATION OR REMOVAL Hubbard DATE OF BURIAL Oct 10-30  
 ADDRESS Hubbard

20. UNDERTAKER Isaac Tebbetts Hubbard