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MARGIN RESERVED FOR BINDING. 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.

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

1. PLACE OF DEATH
County: Greenlee State:
District or Township:
City:
2. FULL NAME: George Suran
(a) Residence, No.
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: Mex.
5. SINGLE, MARRIED, WIDOWED or DIVORCED: Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE: Years Months Days
8. OCCUPATION OF DECEASED:
(a) Trade, profession, or particular kind of work:
(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):
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 (Address)
15. Filed 11-24-30

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH: 11-20-30
17. I HEREBY CERTIFY, That I attended deceased from 11-17-30 to 11-20-30 that I last saw him alive on 11-20-30 and that death occurred, on the date stated above, at 11:00 m. The CAUSE OF DEATH* was as follows: Security (age 95)
18. Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) C.H. Laupman (Seal)
11-20-1930 (Address)
* 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: Inetal
DATE OF BURIAL: 11-21-1930
20. UNDERTAKER: J. Pascoe
ADDRESS: Delphos