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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - - - No. 460
County Registrar's - - No.
Local Registrar's - - - No.

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

1. County Pima
District
Town or City Tucson
No. So. Mtn. Hosp. St., Room 34 2A Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME Billy Evans Post
(a) Residence. No. St. David St., Ward. Arizona
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year) June 8, 1930
7. AGE Years Months Days IF LESS than 1 day hrs. or min.
6 months
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) St. David Arizona
(State or country)
10. NAME OF FATHER C. E. Post
11. BIRTHPLACE OF FATHER Mt Hope (city or town) Kansas
(State or country)
12. MAIDEN NAME OF MOTHER Maude Billingsley
13. BIRTHPLACE OF MOTHER St. David (city or town) Arizona
(State or country)
14. Informant H. D. Post
(Address) 102 N. Euclid Ave. Sherman, Ariz.
15. Filed Dec 30, 1930 J. T. Christensen Local Registrar.
Filed ,19 County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 12-30 1930
17. I HEREBY CERTIFY, That I attended deceased from Dec 29 1930, 1930 to Dec 30, 1930, that I last saw him alive on Dec 30, 1930, and that death occurred on the date stated above, at 4 50 A.m.
The CAUSE OF DEATH* was as follows:
intussusception of bowels
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 4 ds.
18. Where was disease contracted if not at place of death? Benson Ariz
Did an operation precede death? Yes Date of Dec 30 1930
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) J. E. Huffman M. D.
Dec 30 1930 (Address) Tucson Ariz
* 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 St. David, Arizona
20. UNDERTAKER Barred By Family
DATE OF BURIAL Dec 30 1930
ADDRESS

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.