2024

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

State File No. 90

Registered No. 29

1. PLACE OF DEATH

County Graham State Arizona

District or Township Safford or Village or

City Safford No. St., Ward

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

2. FULL NAME James Harvey Blair

(a) Residence, No. Safford 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 4/5 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): Married

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

6. DATE OF BIRTH (month, day and year) Sept-9-1856

7. AGE: Years 74 | Months 4 | Days 22 | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Restaurant

(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) Ohio

PARENTS

10. NAME OF FATHER James A. Blair

11. BIRTHPLACE OF FATHER Monroe Co. (city or town) (State or country) Ohio.

12. MAIDEN NAME OF MOTHER Mary Ann Drake.

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio.

14. Informant Mrs. Hulda Blair

(Address) Safford. Ariz.

15. Filed 4/8/, 1931 J. M. Stratton Registrar.

By O. H. L.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 2 1931 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from 3/1 1931 to 3/2 1931, that I last saw him alive on 3/2 1931, and that death occurred, on the date stated above, at 7-30 P. m. The CAUSE OF DEATH* was as follows:

Acute Gastritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Age

(duration) yrs. mos. ds.

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

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) N. E. Platt, M. D.

3/3/31 19 (Address) Safford 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: Pima. Arizona — DATE OF BURIAL: March 4-1931

20. UNDERTAKER: W. C. Rawson — ADDRESS: Safford.