

2492

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 304

Registered No. 2347

1. PLACE OF DEATH
County: Yavapai State: Arizona
Township: Prescott No. Mercy Hospital City: Prescott
Length of residence in city or town where death occurred...

2. FULL NAME: Albert W. Lessard
(a) Residence: No. Wickenburg, Arizona St. Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED: Single

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

6. DATE OF BIRTH (month, day, and year) Aug. 9, 1915

7. AGE Years: 16 Months: I Days: 10 If LESS than 1 day: hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prescott (State or country) Arizona

13. NAME Grover Lessard

14. BIRTHPLACE (city or town) Mayer (State or country) Arizona

15. MAIDEN NAME Clars M. McEachran

16. BIRTHPLACE (city or town) Williamsburg (State or country) Iowa

17. INFORMANT Grover Lessard (Address) Wickenburg, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cemetery Date 9/21/31

19. UNDERTAKER (Address) Prescott Arizona

20. Registrar Harry S. Southworth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/19/31

22. I HEREBY CERTIFY, That I attended deceased from

Sept 17 1931, to Sept 19 1931

I last saw him alive on Sept 19 1931; death is said

to have occurred on the date stated above, at 8: A.M.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis

Other contributory causes of importance:

Sept 16

Sept 17

MARGIN RESERVED FOR BINDING
N.B.—WRITE MAINLY, 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.