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MARGIN RESERVED FOR BINDING

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.

MHS

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 385

Registered No. 849

1. PLACE OF DEATH

County Yavapai State Arizona

Township Veterans' Administration Hospital or Village ..... or

City Whipple No. ..... St., P.H. Ward

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

Length of residence in city or town where death occurred - yrs. - mos. 2 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Forest Moroni RICHEY

(a) Residence: No. St. Johns, Arizona. St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

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 ~~xxxxxx~~ Mrs. Mae Richey

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1893.

7. AGE: Years 38 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

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

FATHER

13. NAME Moroni Richey (dec)

14. BIRTHPLACE (city or town) - - (State or country) Utah

MOTHER

15. MAIDEN NAME Mary Chapman (living)

16. BIRTHPLACE (city or town) - - (State or country) Unknown

17. INFORMANT (Address) I. D. LOEWY, Clinical Director.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns, Arizona Date Apr. 14, 1932

19. UNDERTAKER (Address) LESTER RUFFNER, Prescott, Arizona.

20. Filed Harry F. Southworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932, 19..., to April 13, 1932, 19...

I last saw him alive on April 13, 1932, 19...; death is said to have occurred on the date stated above, at 11:15 a.m.

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

	Date of Onset
Appendicitis, acute Ruptured	1932
Other contributory causes of importance: Peritonitis, acute	1932

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Name of operation Appendectomy Date of 4-11-32

Laboratory Tests and Physical Findings

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - - Date of injury - -, 19...

Where did injury occur? - - - (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. - - -

Manner of injury - - -

Nature of injury - - -

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify - -

(Signed) G. D. Allee, M. D.

(Address) G. D. ALLEE, Medical Officer in Charge, V.A.H. #50, Whipple, Arizona.